Government of Saskatchewan

Annual Report 1984-85

Saskatchewan Health

Saskatchewan Hospital Services Plan

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Government of Saskatchewan

Annual Report 1984-85

Saskatchewan Hospital Services Plan

April 1, 1984 to
March 31, 1985

E. H. Wright
A/Executive Director
T. C. Douglas Building
3475 Albert Street
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Highlights for 1984-85

Mr. E. H. Wright was appointed Acting Executive Director.

Mr. R. A. Shaw was appointed Acting Associate Executive Director.

The Kinsmen Children's Centre at Brunskill School, Saskatoon was opened.

Special funding for long term care services was provided to Pasqua Hospital, Regina and Regina General Hospital.

Integrated facilities at Lampman, Lucky Lake, Rose Valley and Fillmore were approved.

Construction began on a new 25 bed psychiatric ward at City Hospital, Saskatoon.

Construction continued on Phase I of the Yorkton Union Hospital expansion, an $8,300,000 project.

Construction began on a new $4,500,000 Regional Laundry at Yorkton, at the Yorkton Union Hospital.

Approval was given to proceed with design of a new $700,000 Burn Treatment Unit at the Regina General Hospital.

At the Pasqua Hospital, Regina, completion of the construction of Package 3, major construction phase, with an estimated cost of $22 million, is anticipated in the spring of 1985.

Preliminary planning began on a new 25 bed hospital, with an estimated cost of $4,250,000, at Maidstone.

Construction began on alterations and additions to the Allan Blair Memorial Clinic, Pasqua Hospital, Regina for a new linear accelerator at a cost of $350,000.

Major expansion and renovation at Melfort Union Hospital was completed.

Construction began on a new 70 bed hospital in Nipawin.

Graham Taylor
Minister of Health

Walter Podiluk
Deputy Minister of Health

W. F. Roger
Associate Deputy Minister of Health

E. H. Wright
A/Executive Director
Saskatchewan Hospital Services Plan

Saskatchewan

Minister of Health

Legislative Building
Regina, Canada
S4S 0B3

To The Honourable Frederick W. Johnson,
Lieutenant Governor of Saskatchewan

May it Please Your Honour:

I have the honour to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1985.

Respectfully submitted,

Graham Taylor,
Minister of Health.

Saskatchewan

Saskatchewan Health — Deputy Minister

3475 Albert Street
Regina, Canada
S4S 6X6

To The Honourable Graham Taylor,
Minister of Health

Sir:

I am pleased to present the annual report of the Saskatchewan Hospital Services Plan for the fiscal year ended March 31, 1985.

Respectfully submitted,

Walter Podiluk,
Deputy Minister of Health.

Organization Structure

The Plan's Organizational Structure at year end is shown in the accompanying organization chart.

Reporting relationships were altered as shown in the accompanying chart. Personnel and Organizational changes effected in 1984-85 were: Mr. W. F. Roger was appointed Associate Deputy Minister of Health; Mr. E. H. Wright, Acting Executive Director and Mr. R. A. Shaw, Acting Associate Executive Director. Upon the retirement of Mr. E. Stepan as Director of Registration and Benefits, his responsibilities were assumed by Messrs. R. A. Walker and R. E. Herndier. Modified policies and procedures aided the Plan in deleting 11 permanent positions from the approved Staff Establishment of 143 at April 1, 1984.

The main responsibilities of the various units within the Plan are as follows:

Hospital Services is responsible for program planning and, through the hospital administration analysts, for the review and allocation of operating funds to all acute care hospitals in the province. The hospital administration analysts are also responsible for liaison with hospitals which are allocated to them on the basis of comparable size and function. The Extended Care Services Unit within the Division serves as the primary liaison between the Plan and extended care (level 4) hospital units, as well as the Continuing Care Branch, Saskatchewan Health, in matters relating to long-term care services.

Finance is responsible for the financial planning and control of the Plan's program budget, management of the Saskatchewan Hospitalization Fund, and the administration of The Hospital Revenue Act. This unit is also responsible for the analysis of financial statements and budgets submitted by the various health care facilities in the province.

Hospital Standards is responsible for maintenance of adequate standards in hospitals. This program is carried out through visits to hospitals by standards consultants in the areas of nursing, laboratory, dietary, physical therapy and health records. Consulting services in pharmacy and radiology are also available to the Plan.

Community Health Services is responsible for program planning for the province's community clinics, community health and social centres and private practice physical therapy facilities under contract to the Minister of Health. This unit is responsible for the budget review and allocation of funds to these facilities, and to the Saskatchewan Cancer Foundation.

Administrative Services provides general administration services to the Plan, in addition to being responsible for the personnel and procurement functions. This unit also administers provisions of The Union Hospital Act.

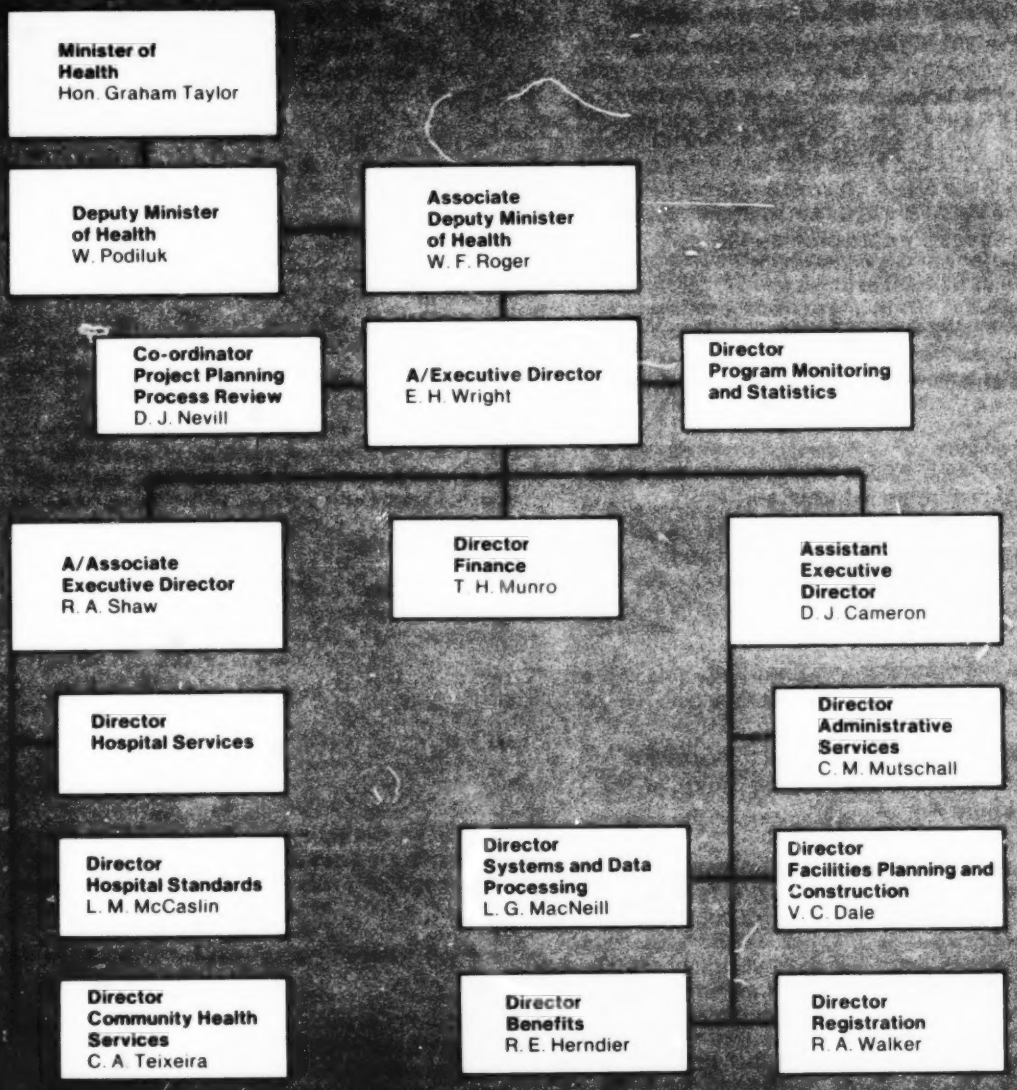
Facilities Planning and Construction is responsible for planning assistance, the review and approval of construction projects, and for the subsequent provision of financial grants to hospitals with approved capital projects.

Systems and Data Processing is responsible for systems design and analysis carried out in the plan. This unit assists the Plan and various branches of the Department in meeting their responsiblities through an extensive information management system. The systems and data processing unit also provides services to other government departments and agencies.

Registration and Benefits is responsible for administering the registration and benefit provisions of The Saskatchewan Hospitalization Act. The unit is responsible for issuing health services cards to eligible residents and providing assistance to residents applying for health care through central and regional offices. The unit also processes all hospital admission-separation records for hospital services provided in the province and outside the province.

Program Monitoring and Statistics is responsible for reviewing the effectiveness and efficiency of existing programs. This unit also participates in the design and prospective appraisal of new programs or modifications to existing programs and is also responsible for the maintenance of the Plan's statistics and routine information reporting.

The services of a medical consultant are available to the Plan upon request, and assistance is also obtained from the Policy Research and Management Services Branch of Saskatchewan Health in carrying out research and development activities.


Minister of Health
Hon. Graham Taylor
Deputy Minister of Health
W. Podiluk
Associate Deputy Minister of Health
W. F. Roger
Co-ordinator Project Planning Process Review
D. J. Nevill
A/Executive Director
E. H. Wright
Director Program Monitoring and Statistics
A/Associate Executive Director
R. A. Shaw
Director Finance
T. H. Munro
Assistant Executive Director
D. J. Cameron
Director Hospital Services
Director Administrative Services
C. M. Mutschall
Director Hospital Standards
L. M. McCaslin
Director Systems and Data Processing
L. G. MacNeill
Director Facilities Planning and Construction
V. C. Dale
Director Community Health Services
C. A. Teixeira
Director Benefits
R. E. Herndier
Director Registration
R. A. Walker

Objectives and Responsibilities of the Plan

- To administer the Saskatchewan hospital care insurance program.

- To register residents as beneficiaries of Saskatchewan health programs through the issue of health services cards.

- To fund hospitals at a rate approved by the Plan for necessary care provided to beneficiaries.

- To ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service.

- To authorize the expansion, improvement or addition of programs in hospitals.

- To fund other approved facilities and programs for insured services provided to beneficiaries.

- To provide planning and financial assistance for hospital construction.

- To provide advisory services to hospitals and municipalities in the administration of The Union Hospital Act.

- To administer the provisions of The Hospital Revenue Act.

Registration and Benefits

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act and regulations thereunder provide authority for the operations of the province's hospital care insurance program.

Eligibility for Benefits

All permanent residents of Saskatchewan are entitled to receive health service benefits without the payment of a premium. Every permanent resident of Saskatchewan is required to register and participate in the provincial hospital care plan unless benefits are provided under other provincial or federal programs.

After registration with the Plan, benefits for new residents entering Saskatchewan from other parts of Canada are provided from the first day of the third calendar month following the date of establishing residence in the province.

After registration with the Plan, benefits for new residents (see list below) entering Saskatchewan from outside Canada are provided from the date they establish residence in Saskatchewan:

- returning Canadian citizens.
- returning residents.
- landed immigrants.
- non-immigrants which include members of religious orders in Canada to carry out their duties, students, or persons engaged in a legitimate trade, profession or occupation.
- discharged members of the Canadian Forces.

Members of the Canadian Forces, the Royal Canadian Mounted Police and inmates of federal penitentiaries are excluded from the Plan since they receive benefits under federal programs.

Beneficiaries of the Plan who leave the province to reside elsewhere are provided benefits only for the month during which they establish permanent residence elsewhere plus the next two full months.

Permanent residents remain insured during their absence provided they spend a minimum of four months each year in the province. In certain circumstances, residents remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. In such cases residents are asked to notify the Plan of departure and return dates.

Persons who enter into employment contracts for work outside of Canada not exceeding 24 months and who intend to return and reside in the province, may upon presenting the Saskatchewan Hospital Services Plan with a copy of the work contract, be eligible for benefits for the entire period of their employment.

Certain residents become beneficiaries as a result of other provincial programs such as:

- Saskatchewan Assistance Plan recipients who have been nominated for health services benefits for the period during which the nomination is effective.
- children in the care of the Minister of Social Services.
- inmates while serving a sentence in a provincial correctional institution.
- inpatients in mental hospitals and persons involuntarily admitted to psychiatric wards within the meaning of The Mental Health Act when requiring the services of an acute care hospital.
- Saskatchewan students who leave the province for full time attendance at an educational institution and who intend to return to reside in Saskatchewan upon completion of their studies are eligible for benefits for the duration of the their studies outside of Saskatchewan. A statement certified by the school or university verifying the student's attendance is required each year. Similarly, residents of other Canadian provinces or territories who enter Saskatchewan to attend an educational institution are not eligible to register with the Saskatchewan Plan. Such persons must maintain health registration in their home province. This policy is followed as a result of a federal-provincial agreement respecting eligibility and portability of hospital and medical care insurance benefits for all Canadian residents.

Registration for Benefits

Applications and assistance in registering are available from the Saskatchewan Hospital Services Plan, Regina, in most city, town, village and rural municipal offices; and from the Saskatchewan Hospital Services Plan regional offices located in Saskatoon, Prince Albert, North Battleford, Yorkton and Swift Current. Health services cards are issued to registered residents at the following times: on application; annually effective January 1 of each year; and when the Plan is advised of a change in the information recorded on the card, such as family composition, date of birth, or address.

Benefits Under the Plan

Benefits are available to beneficiaries without regard to age or pre-existing conditions.

In Saskatchewan, the Plan pays on behalf of inpatient beneficiaries, for most services which are normally provided by hospitals. The Plan also pays on behalf of outpatients for those services which the individual hospital is able to provide. This includes certain community health associations and community health and social centres. In addition, outpatient services provided by certain physical therapy and osteopathy facilities are paid for by the Plan, provided those facilities have entered into an agreement with Saskatchewan Health to provide insured services under the Plan.

In other provinces or territories of Canada the Plan provides to beneficiaries temporarily absent from the province, inpatient standard ward care at the per diem rate established by the provincial or territorial authority having jurisdiction. This benefit is subject to authorized charges prescribed by the applicable authority (described in the following section). The Plan also covers outpatient services provided by an approved hospital. The amount paid by the Plan will be 100 percent of the charge made for a similar outpatient service that is a benefit in Saskatchewan, less any applicable authorized hospital charge.

Beneficiaries temporarily absent from Saskatchewan are also entitled to payment for services received outside Canada. The services must be provided by an approved hospital.

Payment for inpatient services provided outside Canada by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan is based on the average daily charge to a maximum equal to 100% of the average daily rate for Regina and Saskatoon hospitals in the preceeding year. For the period April 1, 1984 to March 31, 1985, the maximum rate payable was $276 per day.

Where the charges for hospital services received outside Canada are stated in United States currency, payment is made as though the charges had been stated in Canadian currency.

If a beneficiary is referred outside Canada by one of the Saskatchewan Health Agencies indicated below to obtain treatment not available in Saskatchewan, the Plan will pay all fair and reasonable charges, including exchange on U.S. currency. Payment is made only for insured hospital services received. Requests for approval of benefits for out of province referrals must be made by a Saskatchewan specialist physician to the Out-of-Province Committee of the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Saskatchewan Alcoholism Commission.

Outpatient services provided by an outpatient department of an approved hospital outside Canada are also covered by the Plan provided the services are a benefit within Saskatchewan. Accounts are normally paid by the Plan at the full amount charged by the hospital, less exchange on U.S. currency.

The Plan provides benefits for a limited period of time for persons who establish residence outside Saskatchewan. This coverage is provided to the end of the last day of the second calendar month following the month in which residence was established outside Saskatchewan. Payments will be made on the same basis as those made for beneficiaries temporarily absent from the province who obtain hospital services in other provinces or territories of Canada or outside Canada.

Hospital Authorized Charges

Authorized charges for inpatient or outpatient services imposed in the province of British Columbia are the responsibility of the patient when hospital services are received in that province.

Extended Care (Level 4) (Refer also to page 14 of this report)

Patients who have been assessed as requiring Level 4 care and who are occupying hospital beds within Saskatchewan hospitals are not eligible for benefits under The Saskatchewan Hospitalization Act. The patient is personally responsible for payment of a monthly charge assessed by Continuing Care, Saskatchewan Health.

The monthly charge is now adjusted quarterly. The charge in effect at March 31, 1985 was $469 per month.

Extended care (Level 4) provided to Saskatchewan residents outside of Saskatchewan is not an insured service. The patient is personally responsible for the cost of Level 4 care provided by out-of-province facilities.

Non Benefits Under the Plan

The following services, materials or charges are not insured by the Plan:

- Extended Care (Level 4).

- inpatient and outpatient services provided for reasons other than medical necessity.

- the extra cost of private and semi-private ward accommodation provided:

a) in Saskatchewan when chosen by the patient, not ordered by a physician

b) outside Saskatchewan under any circumstances

- the services of persons not employed by the hospital.

- care in a hospital or home providing custodial care only, or in a hospital or other institution primarily concerned with the care and treatment of patients having mental or nervous disorders.

- generally, hospital care involved with cosmetic surgery. However, in certain cases the Plan may provide benefits. The attending physician may obtain information by writing the Saskatchewan Medical Care Insurance Commisssion.

- certain drugs, biologicals and related preparations.

- outpatient services provided by facilities within Saskatchewan other than hospitals uniess the facility has an agreement with Saskatchewan Health to provide insured services under the Plan.

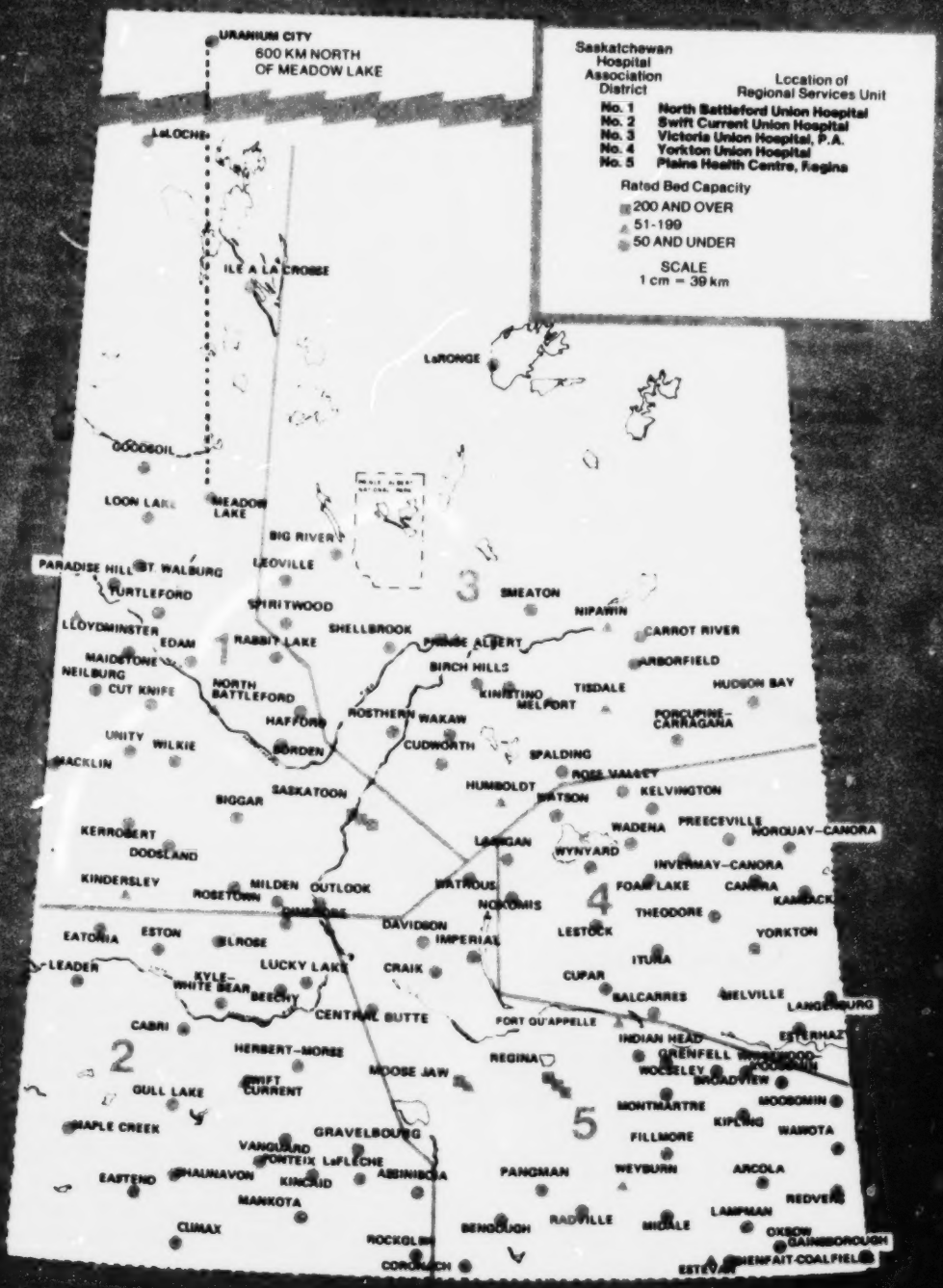
- services rendered by facilities outside Saskatchewan, which are not provided by departments of approved hospitals, e.g. physiotherapy provided by private physical therapists or services provided by a psychiatric facility.

- transportation costs (ambulance service), except between hospitals in the same city located in Saskatchewan.

- authorized hospital user fees (co-insurance) charges applicable in British Columbia and Newfoundland.

- services provided outside Canada for the treatment of cancer involving the use of cancer treatment drugs or procedures not approved in Canada.

- take home drugs and appliances.


URANIUM CITY
600 KM NORTH
OF MEADOW LAKE
Saskatchewan Hospital Association District
Location of Regional Services Unit
No. 1 North Battleford Union Hospital
No. 2 Swift Current Union Hospital
No. 3 Victoria Union Hospital, P.A.
No. 4 Yorkton Union Hospital
No. 5 Plains Health Centre, Regina
Rated Bed Capacity
200 AND OVER
51-199
50 AND UNDER
SCALE
1 cm = 39 km
LaLOCHE
ILE A LA CROSSE
LaRONGE
GOODSOIL
LOON LAKE
MEADOW LAKE
BIG RIVER
PARADISE HILL
ST. WALBURG
LEOVILLE
TURTLEFORD
SPIRITWOOD
SMEATON
NIPAWIN
LLOYDMINSTER
EDAM
SHELLBROOK
PRINCE ALBERT
CARROT RIVER
MAIDSTONE
RABBIT LAKE
ARBORFIELD
NEILBURG
CUT KNIFE
BIRCH HILLS
HUDSON BAY
NORTH BATTLEFORD
KINISTINO
TISDALE
MELFORT
PORCUPINE-CARRAGANA
HAFFORD
NORTHERN WAKAW
UNITY
WILKIE
BORDEN
CUDWORTH
SPALDING
MACKLIN
ROSE VALLEY
HUMBOLDT
KELVINGTON
SASKATOON
BIGGAR
WATSON
WADENA
PREECEVILLE
NORQUAY-CANORA
KERROBERT
DODSLAND
LANIGAN
WYNYARD
INVERMAY-CANORA
KINDERSLEY
MILDEN
OUTLOOK
WATROUS
FOAM LAKE
CANORA
ROSETOWN
NOKOMIS
THEODORE
KAMSACK
DAVIDSON
LESTOCK
EATONIA
ESTON
IMPERIAL
YORKTON
ELROSE
ITUNA
LEADER
LUCKY LAKE
CRAIK
CUPAR
KYLE-WHITE BEAR
BEECHY
SALCARRES
MELVILLE
LANGENBURG
CENTRAL BUTTE
FORT QU'APPELLE
CABRI
INDIAN HEAD
ESTERHAZY
HERBERT-MORSE
REGINA
GRENFELL
WOLSELEY
MOOSE JAW
BROADVIEW
SWIFT CURRENT
GULL LAKE
MONTMARTRE
MOOSOMIN
MAPLE CREEK
GRAVELBOURG
KIPLING
WAWOTA
FILLMORE
VANGUARD
PONTEIX
LaFLECHE
EASTEND
SHAUNAVON
KINCAID
ABBEYBOSA
PANGMAN
WEYBURN
ARCOLA
MANKOTA
REDVERS
LAMPMAN
CLIMAX
BENGOUGH
RADVILLE
MIDALE
OXBOW
GAINSBOROUGH
ROCKGLEN
CORONACH
ESTEVAN
SOUTHEAST COAL FIELD
1
2
3
4
5

Hospital Services

General (Acute) Hospital Care

Legislative and Regulatory Authority

The Hospital Standards Act and regulations thereunder provide the authority for payment to approved hospitals and institutions for services provided to beneficiaries under The Saskatchewan Hospitalization Act.

Method of Payment

The Plan does not provide services to beneficiaries directly. The services which constitute benefits under The Saskatchewan Hospitalization Act are provided by hospitals and a limited number of other facilities. Section 6 of The Saskatchewan Hospitalization Act authorizes the Minister of Health to make payments to hospitals and other facilities providing necessary care to beneficiaries. Almost all hospital care provided by hospitals in Saskatchewan is to beneficiaries of the Plan.

The Plan does not pay hospital accounts for individual beneficiaries who require care. Instead, it pays what it considers to be the reasonable net operating costs to hospitals, that is, the total approved expenditures less revenue from sources other than the Plan. Hospitals supply the services insured by the Plan without charge to beneficiaries.

Semi-monthly payments are made to hospitals by the Plan on the basis of the estimated reasonable cost of providing insured services by each hospital in a fiscal year.

Three primary factors determine the amount paid to each hospital. They are:

- the types of services each hospital should provide.
- the volume of services each should provide.
- the total cost of efficiently providing these services.

The following is a brief description of how each of these factors is assessed by the Plan.

Types of Services

One of the basic objectives of the Plan is to promote the distribution of hospital facilities and services to the people of Saskatchewan as equitably and economically as possible. To accomplish this, the Plan evaluates each hospital in a geographic region to determine the services it is best able to provide, and to ensure that the proper complement of services is available to the people of the region.

The general hospitals in the province are divided into three broad groups according to the types and level of services they are qualified to provide.

District or community hospitals are usually smaller hospitals at which residents of a local area receive basic hospital services.

Regional hospitals provide basic hospital care to residents of their immediate vicinities. They also provide a wider range of services than district or community hospitals, act as referral centres for people from outside their immediate vicinity and assume a limited role in education.

The base hospitals are those located in Regina and Saskatoon. They serve as community hospitals for the population of their immediate areas. They also provide comprehensive hospital services, act as the major referral centres for the province and perform a major role in research and education. Wascana Hospital, a division of the South Saskatchewan Hospital Centre in Regina, provides speciality service in physical rehabilitation.

Volume of Services

Another basic objective of the Plan is to assess the volume of services to be provided by each hospital. To accomplish this, a formula has been developed which is used to determine what the Plan considers to be a reasonable number of approved patient days to be provided by a hospital based on the population and composition of the population it serves.

The formula consists of the following calculations.

1. **Age-Sex Adjustment**

The Plan recognizes that the age and sex of the population of communities served by a particular hospital affects the volume of care, and so needs to be adjusted. By comparing the provincial average utilization by age and sex groupings, with the total average utilization in the province, a ratio for each sex and five-year age group can be calculated. By applying this ratio to the number of persons in each age-sex grouping of a given population (municipality, town, etc.) an age-sex adjusted population for each municipality is produced. If the provincial average utilization for a specific age-sex group is greater than the average for all ages and both sexes, then the ratio would be greater than one (1.0) and the adjusted population will exceed the actual number of persons in this age-sex group. Example:

Number of males in municipality Z in the age group 70-74 = 15

Provincial average utilization experience for all males age 70-74 = 4,800 days per 1,000 covered population.

Provincial average utilization experience for all persons = 1,600 days per 1,000 covered population.

Adjusted number of males in municipality Z in the age group of 70-74 = $\frac{4,800}{1,600} \times 15 = 45$.

2. **Population Served**

The age-sex adjusted population count for each municipality is then used to determine the population served by each hospital. For each municipality, the ratio of the number of residents discharged from a particular hospital, to the total number of discharges from all hospitals of persons from that municipality in a year, is determined. This ratio is then used to calculate the adjusted population "credit" for that hospital, and the sum of these credits for each municipality produces the population "served by" that hospital.

Example:

Number of discharges from hospital A of persons from municipality Z = 100

Number of discharges from all hospitals of residents of municipality Z = 300

Total adjusted population of municipality Z = 3,000

Ratio served by hospital A = $100 \div 300 = {}^{1}/_{3}$

Adjusted population credit for hospital A = $3,000 \times {}^{1}/_{3} = 1,000$.

This is repeated for each municipality in which persons discharged from hospital A reside. The sum of the number of persons served from each municipality is the population served by the hospital.

3. **Average Days of Stay Adjustment**

The population served requires a further adjustment since the average days of stay is not the same for all hospitals. Generally the large hospitals providing care for more complicated cases have a longer average days of stay than the small hospitals. Hospitals are therefore grouped by bed size, and the ratio of the average days of stay for hospitals in the group, to the average days of stay for all hospitals in the province, is calculated. The population served for a given hospital is then multiplied by the ratio for its group and so adjusted for length of stay.

Example:

If for the bed size group 10-24 beds, the average days of stay is 6.8 days and for all hospitals it is 8.2 days, then for each hospital in this group the population served is multiplied by the fraction 6.8 over 8.2, and is thus reduced to allow for the shorter than average days of stay experienced in hospitals in this bed size group.

4. **Determination of Approved Patient Days**

The population served, adjusted for average days of stay, is then multiplied by an approved beds per thousand population factor, to determine the approved patient days. This formula incorporates separate factors for Registered Indian and non-Indian population, to adjust for the high utilization rate experienced by Registered Indians.

Since July 1, 1976, the volume of inpatient services approved by the Plan for the non-Indian population has been based on the average 5.03 persons per thousand adjusted non-Indian population requiring hospital care per day. For the Registered Indian population, the formula assumes an average of 8.70 persons per thousand adjusted Indian population requiring hospital care per day.

An estimate of those patient days which are not the responsibility of the Plan but which are provided by the hospital, is added to establish the total number of approved patient days.

Example:

Assume a hospital served the following adjusted population (i.e. population adjusted for age-sex and average days of stay).

Non-Indian — 20,000
Indian — 2,000

Also assume non-SHSP days estimated at 500. The approved number of patient days would be calculated as follows;

$$\frac{(20,000 \times 5.03)}{1,000} + \frac{(2,000 \times 8.70)}{1,000} \times 365 + 500 = 43,570$$

or an average of 119.4 (43,570 ÷ 365) patients per day.

The number of patient days of care actually provided by a hospital may vary from the approved patient days determined by the application of the formula. The approved patient days, as determined by the application of the formula, represents the maximum volume that will be approved by the Plan. Where hospitals provide a lower volume, the actual experience is approved.

Cost of Providing the Services

The Plan determines the number of patient days approved for each hospital and advises the hospital of the number prior to the beginning of that budget year. Each hospital then submits an operating budget for the year based on this information.

The hospital may submit a supplementary budget for new services which it would like to provide in the coming year. If approved by the plan additional funds will be provided for these services.

Each hospital budget is reviewed by the Plan on the basis of providing a reasonable level of funding for the volume and type of service the hospital is expected to provide.

The Plan's portion of the net approved expenditures less estimated income, is paid to each hospital in equal semi-monthly sums.

Global Budgeting

The global budget concept is one which allows the hospital flexibility in the allocation of the approved operating budget. It is intended to encourage hospitals to utilize their resources in an efficient and effective manner yet maintain acceptable standards of patient care.

When a hospital initially adopts the global budget system, the baseline (approved gross operating expenditures) is established on a line-by-line basis.

In subsequent years of the global budget cycle, the baseline (excluding line-by-line items) is increased by a composite percentage to provide for anticipated increases in the costs of hospital operation.

A year-end review is carried out by the Plan and adjustments are made for the line-by-line items, increases or decreases in incomes, and for significant increases or decreases in volumes of services.

Under a surplus sharing formula, hospitals are permitted to retain a certain amount of any operating surplus that may occur.

A global budget liaison committee consisting of representation from hospitals and the Plan has been established for the following purposes:

- to recommend policies and procedures as they relate to the global budget review system.
- to review and assess the application of the global budget review system.
- to provide an evaluation of the global budget review system.

1984-85 was the fifth year of the current global budget cycle.

As a general rule, the global budget system is mandatory for all base and regional hospitals. It is optional for all other hospitals. In 1984-85, 18 hospitals participated in the global budget system.

Major Activities and Development

Integrated Hospital — Special-Care Home Facilities

This is a new health initiative intoduced by the Minister of Health in October 1984 for rural communities. An integrated facility will provide acute and long-term care services under one roof with a single administration and and a common staffing arrangement. Such integrated facilities will be created through new construction or by adding special-care beds to an existing small rural hospital. 1984-85 saw the approval of four pilot projects (Lampman, Lucky Lake, Rose Valley and Fillmore) for a total of 46 special-care beds.

Psychiatric Unit Expansion

A renovation project was approved at the Saskatoon City Hospital to expand the Psychiatric Unit from 16 to 25 beds.

Bed Blockage Reduction

Bed blockage by extended care patients occupying acute care beds in Saskatoon and Regina was substantially reduced when a temporary 15-bed Level 4 unit and a permanent 10-bed Level 4 unit were established at the University and Pasqua Hospitals respectively.

Waiting List Reduction Program

In 1984-85 substantial supplemental funding was provided to Saskatoon hospitals to control surgical waiting lists.

Native Children's Liaison Program

Funding was provided to the Regina General Hospital for two native workers to work with native families primarily to reduce their hospital utilization and to provide interpretation services.

Employees' Back Care Program

This program funded at Regina General Hospital is designed to reduce back injuries to employees and to reduce the number of hours lost.

Pain Management Clinic

A pain management service for Southern Saskatchewan was initiated at the Pasqua Hospital, Regina in October 1984.

Minister's Advisory Committee on Hospital Services

The Minister's Advisory Committee consists of representatives from the Saskatchewan Health-Care Association, the Saskatchewan Medical Association, the College of Physicians and Surgeons of Saskatchewan, the Saskatchewan Association of Health Care Executives, The Saskatchewan Registered Nurses' Association and SHSP. The committee was formed to secure informed advisory input into hospital programs and services from agencies actively involved in the hospital field.

Extended Care

Definition

Extended care (Level 4) services involve the provision of patient care on a long-term continuing basis under medical supervision. Nursing care is provided under professional nursing supervision and highly skilled technical nursing services must be readily available.

There are three classifications of Level 4 care:

Level 4a: Specialized Supervisory Care — emphasizes the management of advanced mental deterioration with its attendant problems. Physical conditions requiring continuing medical supervision are likely to co-exist.

Level 4b: Supportive Care — emphasizes skilled nursing care and specialized techniques to arrest or retard physical deterioration.

Level 4c: Restorative Care — emphasizes a restorative program designed to improve functional ability to the extent that the patient may return to the home or to a facility providing a lesser level of care.

In 1984 there were 124,496 people or 12.1 percent of Saskatchewan residents over 65 years of age. Recent population projections indicate the over 65 year age group in Saskatchewan will continue to increase both as a percentage of the total population and in absolute numbers. The majority of Level 4 patients are in the 65 year and over age group.

Policy

Effective July 1, 1981, Saskatchewan Social Services assumed responsibility for the provision of extended care (Level 4) services through its Continuing Care Division. A decision was made to transfer this division to Saskatchewan Health effective April 1, 1983.

Level 4 beds are available in extended care facilities such as the Parkland Regional Care Centre at Melfort, Palliser Regional Care Centre at Swift Current, Souris Valley Regional Care Centre at Weyburn, Frank Eliason Centre and the Sanitorium at Saskatoon, Battlefords Regional Care Centre at North Battleford, all of which come under the jurisdiction of the Continuing Care Branch, Saskatchewan Health.

Regional extended care (Level 4) units are located in four Saskatchewan hospitals, namely the Yorkton Union, Prince Albert Victoria Union, Moose Jaw Providence and Wascana Hospital in Regina. Other designated units are identified in Table I.

Community hospitals, located in centres without a regional extended care hospital, have the option of allocating up to two beds for Level 4(b) services, with incremental funding provided by SHSP. These hospitals can also provide additional Level 4 services through conversion of approved Level 6 beds. As of March 31, 1985, 85 community hospitals allotted 170 beds for Level 4 care. There were an additional 310 Level 4 patients occupying acute care beds who were awaiting transfer to designated Level 4 beds.

Admission and Discharge Arrangements

Admission of patients to Level 4 beds, including the Level 4b beds in local community hospitals, is made through an admission and discharge committee established for each regional Level 4 facility. All applications originate from the patient's attending physician and if the assessment of the committee confirms the medical opinion of the patient's attending physician that he or she requires Level 4 care, then such care can be provided in an approved facility.

During 1984, a number of communities began forming District Co-ordinating Committees (DCC's) which include agencies providing services to those requiring long-term care. It is expected that these committees will gradually assume responsibility for Level 4 assessment.

Level 4 Beds in Saskatchewan

The following table lists the Level 4 facilities and beds presently available within the province.

Table I
Extended Care (Level 4) Facilities
(as of March 31, 1985)

Area	Hospital	Number of beds
Regina*	Wascana, Regina General, Plains and Pasqua Hospitals	176
Saskatoon**	Frank Eliason Centre and Sanitorium	209
Swift Current	Palliser Regional Care Centre	122
Melfort	Parkland Regional Care Centre	120
Prince Albert***	Victoria Union Hospital and Holy Family Hospital	99
Yorkton****	Yorkton Union Hospital; St. Peter's Hospital, Melville	70
Weyburn	Souris Valley Regional Care Centre	310
Moose Jaw	Providence Hospital	42
North Battleford	Battlefords Regional Care Centre	89
Community Hospitals		170
	Total Beds	1,407*****

* Includes 131 level 4 beds at Wascana, 25 at Regina General, and 20 at Pasqua.
** Includes 65 level 4 beds at the Sanatorium, 129 at the Frank Eliason Centre, and 15 at the University Hospital.
*** Includes 84 level 4 beds at Prince Albert Victoria and 15 at Holy Family.
**** Includes 60 level 4 beds at Yorkton Union and 10 at St. Peter's, Melville.
***** Does not include level 4 patients occupying acute care beds.

Hospital Standards

Legislative and Regulatory Authority

The Hospital Standards Act is the primary legislation which governs the standards of patient care provided by Saskatchewan hospitals.

The Act includes a section which provides the authority for the inspection of hospitals to ensure that minimum standards of patient care and safety are maintained in their operation, maintenance and management.

Regulations under the Act establish specific requirements in the areas of:

- hospital management and administration
- physical facilities
- patient care services:
  - nursing
  - radiology
  - laboratory
  - physiotherapy
  - pharmacy
- support services:
  - dietetics
  - maintenance
  - housekeeping
- health records:
  - compilation
  - retention
  - confidentiality
- medical and dental staff:
  - organization
  - services
- special services:
  - surgical
  - anaesthesia
  - maternal
  - newborn
- environmental protection:
  - disaster and fire plans
  - infection control
- quality of care
- other matters affecting hospitals.

Standards of Patient Care

The hospital standards division of the Plan has major responsibility for ensuring the maintenance of acceptable standards of safety and patient care by hospitals. The division employs consultants with special training and expertise in the disciplines of nursing, deitetics, health records, laboratory and physiotherapy, with part time assistance in pharmacy and radiology. These consultants visit hospitals on a routine basis to ensure that acceptable standards of safety and patient care are maintained in the entire spectrum of hospital services. Special attention is paid to quality and safety of hospital services provided to patients, in compliance with existing legislation, bylaws and professional practices and techniques.

Additional responsibilities of the hospital standards consultants include:

- provision of consulting service to hospitals
- internal consulting services to other divisions of the Plan
- special projects or studies
- liaison with professional organizations and health care agencies.

Inspections relating to maintenance of fire safety standards in hospitals are carried out by inspectors from the Provincial Fire Commissioner's Office. The Occupational Health and Safety Branch of The Department of Labour administers programs concerned with the health and safety of employees in hospitals. Health inspectors make annual visits to review hospital sanitation practices. In all cases, each area of hospital operation is reviewed by those individuals who are most qualified and competent to do so.

Further influence on the standard of hospital management is effected through a periodic review of the general and medical staff bylaws of hospitals by the Plan's staff. In addition, hospitals must have documented formal procedures for the implementation of disaster plans and fire drills. These plans must be reviewed annually and exercised in accordance with The Hospital Standards Act.

Although the overall responsibility for processing construction projects rests with the Plan's facilities planning and construction division, hospital standards consultants and hospital administration analysts review and assess proposals for all hospital renovations or new construction projects. Such reviews are undertaken to ensure that the physical facilities are adequate for providing a suitable level of service with respect to function, safety and efficiency of operation.

Facilities Planning and Construction

Legislative and Regulatory Authority

Regulations under The Hospital Standards Act state that no building shall be constructed or acquired for hospital purposes and no hospital shall be altered by enlarging or remodelling until prior approval has been obtained from the Minister of Health.

The Health Services Act empowers the Minister of Health to make grants, subsidies or loans to local governing authorities, hospital boards and health regions for the provision and operation of health services or public health services.

Responsibility

The Plan is the agency responsible for reviewing all proposals submitted for hospital construction projects, and for administering a program of financial assistance in the form of provincial construction grants. The Plan also provides information and advice to health care organizations, hospital boards and other government agencies on matters related to planning, finance and the development of hospital facilities in Saskatchewan.

Construction Grants

Provincial grant assistance is provided to help finance the cost of approved hospital construction and renovation projects costing in excess of $10,000. Projects costing less than $10,000 are not eligible for grant assistance except where desirable operating efficiencies can be achieved and a saving in operating costs would result.

The grant formula for hospital construction is scaled according to the function of the hospital. Public general hospitals in the province are categorized as base, regional and community by function, and are eligible to receive construction grant assistance in the following percentages:

- Base Hospital — under review.
- Regional Hospital — 70 per cent of approved capital budget.
- Large Community Hospital (50 or more ADC) — 60 per cent of approved capital budget.
- Small Community Hospital (up to 50 ADC) — 50 per cent of approved capital budget.

Under certain circumstances it is possible for hospitals engaged in major construction to qualify for an additional grant, known as the Cost Protection Grant to supplement the Basic Provincial Grant mentioned earlier. The new policy recognizes that while construction costs are similar from one district to another, local ability to pay is governed by the current equalized assessment. Consequently, eligibility for the new Cost Protection Grant will occur when, after calculating the Basic Provincial Grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's principal portion remaining exceeds an amount equivalent to five mills over a period of 10 years.

In essence, approved costs over that amount (5 mills x 10 years) will be assumed by the province, while lesser amounts are the responsiblity of the hospital.

The new Cost Protection formula will be applied using the most current equalized assessment information available from the Local Government Board at the time of tender award.

Religious hospitals have no direct taxing authority to support capital projects. A new Cost Protection formula has therefore been designed for this group of hospitals. Eligibility for cost protection will occur when, after calculating the basic provincial grant, and after adding grants from federal or other provincial government agencies or crown corporations, the hospital's portion remaining exceeds $500,000. If the hospital's share exceeds $500,000, the province will share all costs over that amount on a 50%/50% basis.

Community health and social centres are eligible to receive construction grant assistance equal to 60 per cent of the approved capital cost, up to a maximum provincial grant of $27,000. These funds can be used for renovating an existing facility or for new construction.

Major Activities and Developments

- Work on the Package 3 at Pasqua Hospital Regina, with an estimated value of $22 million is under construction. This major phase of construction is proceeding with completion scheduled for 1985. This package will provide diagnostic and treatment areas and inpatient nursing units.

- During the year a number of projects in the phased multimillion dollar renovation program in the original buildings of University Hospital were completed or underway. Included were rehabilitation medicine, paediatrics, outpatients, haematology lab, office renovations as well as repairs to roof and windows. A major upgrading of elevators and construction of a new parkade are nearing completion.

- A new Kinsmen Children's Centre was constructed adjacent to Brunskill School, Saskatoon near the University Hospital. This jointly funded project with the Kinsmen Foundation was officially opened in February 1985.

- St. Paul's Hospital, Saskatoon, continued planning activities for a contemplated major expansion and renovation project and completed a major fire safety upgrading program.

- Saskatoon City Hospital commenced renovations of the former nurses' residence to convert one floor into a new 25 bed psychiatric ward.

- The joint Saskatoon Hospital Facilities Planning Committee, representative of the boards, administration, and medical staffs of University, City and St. Paul's Hospitals continue to address issues common to all three hospitals in Saskatoon. A new 5 year major planning initiative is underway.

- Melfort Union Hospital continued to work on a 5,200 m^2 expansion and renovation of approximately 2,400 m^2 of the existing structure. Older wings of the hospital are to be demolished with the total cost exceeding $8 million.

- Nipawin Union Hospital began construction of a new 70 bed hospital which would be linked to the existing special-care home. Premier Grant Devine attended the sod turning ceremony in August 1984.

- Yorkton Union Hospital is undergoing a major upgrading and expansion program. The first stage at $8,300,000 began in 1983 is scheduled for completion in spring 1985.

- Major renovation projects were completed at:

  — Eatonia Union Hospital — to upgrade outpatient and diagnostic facilities.

  — Kelvington Union Hospital — air conditioning and roof replacement.

  — Melville, St. Peter's Hospital — for renovation of ICU and CCU.

  — Moose Jaw Providence Hospital — roof replacement.

  — Moose Jaw Union Hospital — energy conservation renovations.

  — Regina General Hospital — various minor renovations.

  — Wakaw General Hospital — extension and renovations.

  — Wilkie Union Hospital — structural renovations.

  — Lanigan Union Hospital — to generally upgrade the facilities.

  — Porcupine-Carragana Union Hospital — roof replacement.

  — Plains Health Centre, Regina — various renovations.

  — Pasqua Hospital, Regina, Allan Blair Memorial Clinic — Mould Room and Heavy Machine Workshop renovations.

  — Pasqua Hospital, Regina — various renovations.

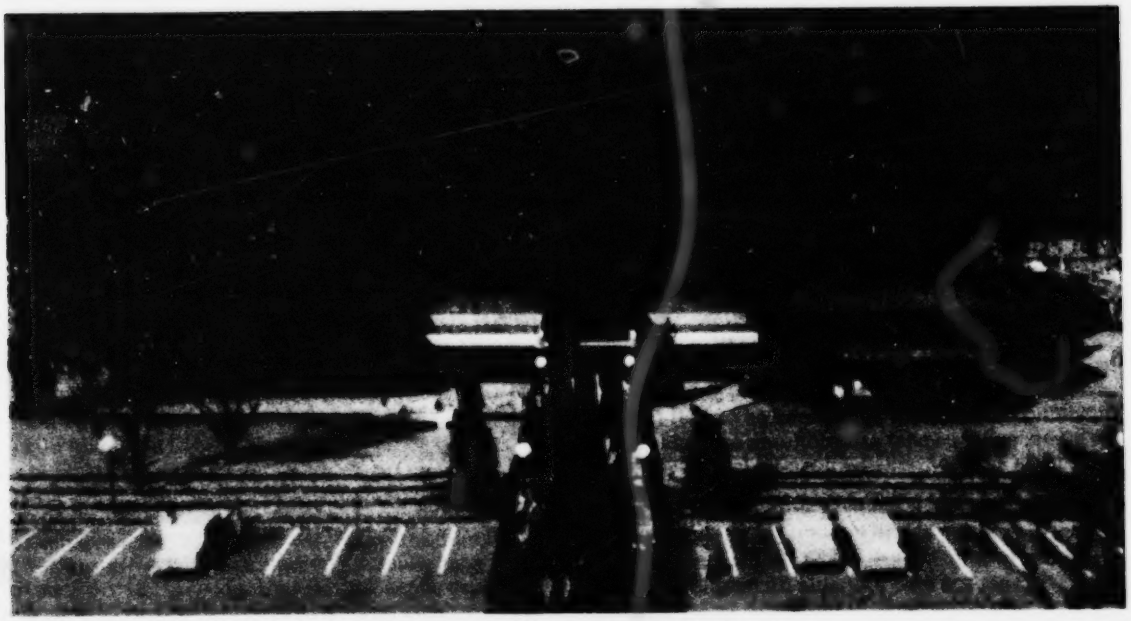
- Planning and design work was underway for a new hospital at Lloydminster and a new Cancer Clinic in Saskatoon.

- Planning and design work was underway for Integrated Facilities at Lampman, Lucky Lake, Rose Valley and Fillmore.

- Preliminary planning was commenced for a new $700,000 Burn Treatment Unit at the Regina General Hospital.

- Planning and design work was underway for a new 25 bed hospital with an estimated cost of $4,250,000 in Maidstone.

- The Saskatoon Hospitals Planning Council completed a study outlining health needs in Saskatoon to the 1990's. Expansion at all 3 base hospitals is recommended in the report.



Artist's Concept — Lloydminster Hospital

The Union Hospital Act

The Union Hospital Act enables neighbouring geographical areas which lack a sufficiently large tax base to finance expenditures on their own to join together in order that, collectively, they will have the financial means to maintain support of a local hospital. Areas taking formal action to organize in this manner become known as Union Hospital Districts.

Within each district, the participating municipalities appoint local representatives to the union hospital district board based on the equalized assessment of each municipality. In districts where substantial utilization of a hospital by Indians is a factor, the appointment of one or more Indians to the board may be approved by the Lieutenant Governor in Council.

Once the hospital district has been established, the Act enables the hospital board to either:

1. build and maintain a new hospital;

2. purchase, lease or take over by other means an existing hospital and maintain the operation of it; or

3. make grants to a hospital without owning it, in order to enable it to maintain a high standard of hospital care.

This third option exempts the participating municipalities of the district from making contributions under The Hospital Revenue Act, provided that the annual grants made are equal to, or greater than, the revenue which would have been derived from the hospital revenue tax had it been levied.

There are provisions in the Act for altering the composition of the district, dissolving a district or amalgamating two or more existing districts. Such changes are initiated at the local level but follow established procedures in keeping with requirements of the Act, under guidance of the Plan's personnel, who provide a counselling service to members of hospital boards and municipal councils for interpreting The Union Hospital Act and implementing its provisions.

In 1984-85, the Union Hospital District centred on Imperial was redefined. As at March 31, 1985, there were 116 established Union Hospital Districts in the province.

The Saskatchewan Hospital Services Plan pays all reasonable expenses incurred in the daily operation of hospitals. Hospitals are, however, responsible for providing the funds for such items as capital reserves, minor capital expenditures and operating deficits. In addition, when a hospital is involved in a renovation and/or new construction program, it is required to finance the difference between the total cost of the project and the amount available from provincial grants. In certain special circumstances, federal grants are also available for hospital construction projects.

The Hospital Revenue Act

The Hospital Revenue Act requires all municipalities or portions thereof, which are not subject to taxation for hospital support, to pay an annual hospital revenue tax, equivalent to two mills on their equalized assessment for the preceding year, to the Minister of Revenue and Financial Services. This tax has been levied since 1966. A discount of five per cent may be deducted if the tax is paid by December 31 of each year.

All money collected is disbursed to Saskatchewan hospitals prior to March 31 of the following year in accordance with a formula defined in the regulations under the Act.

The regulations incorporate the principle that all disbursements shall be related to the utilization of hospitals by the residents of the municipalities which are paying the tax. A weighting factor in determining utilization is used to offset inequities which handicap certain hospitals. Hospitals located in districts where the residents of the district are exempt under the Act by reason of their contribution to another hospital in the same district that has tax requisitioning authority, receive special recognition for the days of care provided to these residents. A few hospitals in the northern part of the province received special recognition for all days of care provided to residents.

A municipality or portion of a municipality, presently taxed under this Act, can become exempt by:

- joining a union hospital district where the board of the hospital district is operating a hospital for the provision of services to inpatients or where the board has entered into an agreement with a hospital or hospitals for a period of at least five years, whereby the board is required to make annual grants to the hospital at least equivalent to the amount that the municipalities in the hospital district would be required to pay to the Minister of Revenue and Financial Services under the Act; or

- entering into a five year agreement with one or more hospitals, or a hospital and a corporation or person operating a community health and social centre, whereby the municipality is required to make annual grants at least equivalent to the amount that the municipality would be required to pay to the Minister of Revenue and Financial Services under the Act.

Table II
Summary of Activity under
The Hospital Revenue Act

(Selected years 1966 to 1984)

Year	Number of municipalities subject to the tax	Amount received by Minister of Revenue, Supply and Services	Number of hospitals receiving payments
1966	219	$391,848	75
1970	132	251,086	56
1975	113	234,098	50
1980	112	281,659	49
1981	114	292,155	50
1982	111	305,242	44
1983	113	313,731	45
1984	116	311,606	44

* See Appendix A-1 for details of grants to hospitals under The Hospital Revenue Act in 1984-85.

Federal-Provincial Fiscal Arrangement and Established Programs Financing Act

Commencing April 1, 1977, the financing of hospital insurance was transferred to the Federal-Provincial Fiscal Arrangement and Established Programs Financing Act, 1977 (Canada). Saskatchewan Health is responsible for administering the program under the Hospital Insurance and Diagnostic Services Act and Saskatchewan Finance is responsible for administering the cost sharing arrangements under the Established Programs Financing Act.

Canadian Council on Hospital Accreditation

The Canadian Council on Hospital Accreditation is responsible for the operation of a voluntary program of hospital accreditation. The membership of the council is composed of representatives from national hospital, medical, and nursing associations.

Accreditation indicates that the hospitals' standards meet recognized requirements as applied to hospitals across Canada. Standards are outlined in The Accreditation Guide Book which is available from the executive offices of the council, located at 1815 Alta Vista Drive, Ottawa, Ontario K1G 3Y6.

The Plan does not require Saskatchewan hospitals to be accredited, although it does encourage hospitals to achieve accreditation status. When hospitals have been surveyed by the accreditation council the cost of each survey is recognized subject to the hospital sending a copy of the accreditation report to the Plan.

Accreditation status may be granted to hospitals for one, two or three year periods, following which a further survey is required to obtain re-accreditation.

The following table lists all Saskatchewan hospitals which were accredited or provisionally accredited as of March 31, 1985, that is 52 hospitals with a rated bed capacity of 5,658.

Table III
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1985

Assiniboia
Assiniboia Union Hospital

Balcarres
Balcarres Union Hospital

Biggar
Biggar Union Hospital

Birch Hills
Birch Hills Memorial Union Hospital

Cabri
Cabri Union Hospital

Canora
Canora Union Hospital

Central Butte
Central Butte Union Hospital

Cudworth
St. Michael's Hospital

Estevan
St. Joseph's Hospital

Eston
Eston Union Hospital

Fort Qu'Appelle
Fort Qu'Appelle Indian Hospital

Gravelbourg
St. Joseph's Hospital

Herbert
Herbert-Morse Union Hospital

Humboldt
St. Elizabeth's Hospital

Imperial
Imperial Union Hospital

Kamsack
Kamsack Union Hospital

Kerrobert
Kerrobert Union Hospital

Kindersley
Kindersley Union Hospital

Lestock
St. Joseph's Union Hospital

Lloydminster
Lloydminster Hospital

Table III — Continued
Accredited and Provisionally Accredited Hospitals in Saskatchewan
as at March 31, 1985

Lucky Lake
Lucky Lake Union Hospital

Macklin
St. Joseph's Hospital

Meadow Lake
Meadow Lake Union Hospital

Melfort
Melfort Union Hospital

Melville
St. Peter's Hospital

Moose Jaw
Moose Jaw Union Hospital
Providence Hospital

Moosomin
Moosomin Union Hospital
Moosomin-Whitewood Union Hospital

Neilburg
Neilburg & District Union Hospital

Nipawin
Nipawin Union Hospital

North Battleford
Battlefords Union Hospital

Preeceville
Preeceville Union Hospital

Prince Albert
Holy Family Hospital
Victoria Union Hospital

Radville
Radville Community Hospital

Regina
South Saskatchewan Hospital Centre
— Plains Health Centre
— Pasqua Hospital
— Wascana Hospital
Regina General Hospital

Rosetown
Rosetown Union Hospital

Rosthern
Rosthern Union Hospital

Saskatoon
St. Paul's Hospital (Grey Nuns') of Saskatoon
Saskatoon City Hospital
University Hospital

Shellbrook
Shellbrook Union Hospital

Swift Current
Swift Current Union Hospital

Turtleford
Riverside Memorial Union Hospital

Wakaw
Wakaw Union Hospital

Weyburn
Weyburn Union Hospital

Wilkie
Wilkie Union Hospital

Yorkton
Yorkton Union Hospital

Other Facilities and Programs

In addition to providing grants to hospitals for operating and capital expenditures, the Saskatchewan Hospital Services Plan also provides funds directly, or through grants to hospitals, to various other programs and activities. These programs are described in this section.

Saskatchewan Health-Care Association

Established in 1918, and formerly known as the Saskatchewan Hospital Association, the Saskatchewan Health-Care Association is the representative, non-profit body of health-care providers in Saskatchewan.

All organizations providing direct health-care services to the public are eligible for membership in the SHA, as are many organizations providing health-related services, and whose prime purpose is to improve health care, although they may not deal directly with the public.

The purpose of the Association is to enhance the comprehensive health system in the Province of Saskatchewan, by:

- bringing together all elements of the health system for discussion and concerted action;

- seeking to achieve, through co-ordination and integration, the highest quality service and most efficient use of resources possible;

- presenting the collective views of the membership to government, regulatory agencies, and other representative bodies;

- providing a complete range of services to members;

- encouraging participation in recognized accreditation and licencing processes;

- developing appropriate relationships with provincial and national associations having similar purposes and goals;

- keeping abreast of new developments in health care in other areas, and assessing their applicability in Saskatchewan.

SHA policies are established by a Board of Directors, members of which are elected or appointed from all parts of the province. These policies are then implemented by a staff of twenty-four.

The Association maintains liaison with Saskatchewan Health, as well as the College of Physicians and Surgeons, the College of Medicine, the Saskatchewan Registered Nurses' Association and other health-related agencies.

The SHA provides consulting services in the area of employee relations: the Employee Relations Department staff negotiate agreements on behalf of the membership, and recommend the negotiated agreements to members for their approval. This department also provides assistance in interpreting negotiated agreements, and represents members at hearings before the Labour Relations Board.

Through its Education Department, the SHA identifies the educational needs of its membership and promotes continuing education for both trustees and staff of member institutions. This department also assumes responsibility for providing career information and audio-visual materials as required in the field. Every fall, the Education Department presents its major event, the SHA's Education Conference and Annual General Meeting.

The Saskatchewan Health-Care Association provides centrally administered employee benefit programs: the SHA Pension Plan, the SHA Group Life Insurance Program, and the SHA Disability Income Plan.

The Association acts as a central paying agency for member hospitals participating in the computerized accounts payable program.

The Shared Systems Department provides members with direction regarding computer system development and operation, through a coordinated and rational approach utilizing expertise from all segments of the health field. Continuous monitoring and updating of computer activities is provided through the Systems Management Committee and the Shared Systems Committee, two standing committees of the SHA's Board of Directors.

The Group Purchasing Department provides a group purchasing and tendering system, to help member institutions contain escalating costs. Current programs include Supplies and Pharmaceuticals, Linen Replacement, and Capital Equipment.

The Association also administers, on behalf of Saskatchewan Health, the Extern Program, which gives third year medical students the opportunity to work in rural hospitals during the summer months.

Members are kept informed of all the above programs, as well as the SHA's many ad hoc activities, through the publication of a quarterly newsletter.

Membership in the Saskatchewan Health-Care Association during 1984 included 136 acute-care hospitals, 1 psychiatric facility, 6 rehabilitation and extended care facilities, 97 special-care homes, 32 home care boards, 17 road ambulance boards, and 39 other agencies, associations and authorities.

Saskatchewan Cancer Foundation

The Saskatchewan Cancer Foundation, established in August 1979, obtains its legislative and regulatory authority from The Saskatchewan Cancer Foundation Act. The Foundation replaced the Commission which existed up until July 31, 1979.

The Foundation maintains two outpatient clinics, the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The two clinics provide a means for consolidation and co-ordination of the cancer control program.

To be eligible for benefits under the cancer program, a patient must have been a resident of the province for three months and be admitted to a clinic. For landed immigrants and residents returning to Canada under special circumstances, this period is reduced to one day.

There is no charge to patients for diagnostic and treatment services received at the Cancer Clinics. In addition, the Saskatchewan Cancer Foundation pays for medical and surgical services provided by physicians in private practice, in-hospital drugs, and certain outpatient drugs used in the active treatment of cancer. Patients receiving cancer services outside the province are reimbursed at the same rates as if the service was provided in Saskatchewan. If a patient is referred out of the province by a Cancer Clinic for treatment not available in Saskatchewan, the Foundation pays the medical expenses incurred. In 1982, the Foundation began operating a lodge for out-of-town cancer patients attending the Saskatoon Cancer Clinic.

The Saskatchewan Hospital Services Plan administered an appropriation of $15,300,000 for cancer services in 1984-85.

The Foundation publishes its own annual report. Copies are available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Avenue, Regina, Saskatchewan S4S 6X3.

Canadian Red Cross Society

The Plan insures 100% of the technical costs of the blood transfusion services of the Canadian Red Cross Society and 80% of the donor recruitment costs of the centres operated in Regina and Saskatoon. The cost of blood fractionation products and the crossmatching service supplied to hospitals in Saskatchewan is also insured. From April 1, 1984 to March 31, 1985, the Plan paid $4,479,832 to the Canadian Red Cross Society for the provision of these services.

Saskatchewan Anti-Tuberculosis League

Acting under authority of The Tuberculosis Sanatoria and Hospitals Act, the Saskatchewan Anti-Tuberculosis League has been the agency responsible for the provision and co-ordination of anti-tuberculosis services in Saskatchewan since 1911.

The League continues its mandate pursuant to provisions of The Non-Profit Corporations Act as of June 30, 1981.

Over the years, the League has operated inpatient Sanatoria in Fort San, Saskatoon and Prince Albert, receiving most of its funding from a municipal levy. With the declining incidence of TB, the inpatient use of the last operational sanatorium was discontinued in 1978 as was the special municipal tax levy. Patients requiring hospitalization in Saskatchewan are now treated in the province's general hospitals and the League's treatment and control program is funded through the Saskatchewan Hospital Services Plan.

Through the following activities, the Saskatchewan Anti-TB League has retained its central role in the control and treatment of the disease:

— League physicians provide consultative services to physicians who have admitted patients with TB to general hospitals.

— League physicians provide services through daily clinics in Saskatoon and Regina as well as temporary clinics in other areas including Prince Albert and Fort San.

— The League conducts surveys as required and is responsible for the distribution of anti- TB drugs, as well as the maintenance of a Central Registry of TB cases and contacts.

In addition to its treatment activities, the League uses income generated from its Christmas Seal campaign and other sources to fund various preventive programs related to lung and other respiratory diseases.

An account of the payments made to the Anti-TB League in 1984-85 is contained in Appendix A-1. In addition, the League publishes its own annual report which is available from the Saskatchewan Anti-Tuberculosis League, Echo Valley Centre, Fort San, Saskatchewan S0G 1T0.

Community Clinics

Community clinics are consumer oriented health organizations operated by an elected board of directors representing the members of a community health association.

The board enters into agreements with general practitioners and specialists to provide medical services. It employs other professional people and all other personnel required to operate the community clinic and is also responsible for providing the necessary facilities and equipment.

Funding for both specialists and general practitioners is provided on the basis of salary grids. The average net payments by the Medical Care Insurance Commission to fee-for-service physicians in Saskatchewan are used in the calculation of those grids.

The types of services provided are determined by each individual community health association and include some or all of the following: diagnostic radiology, laboratory, physical therapy, occupational therapy, social services, nutrition counselling, minor surgery, community nursing, optometric and pharmaceutical services.

In 1984-85 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. The association in Prince Albert operates a satellite clinic at Canwood. Similarly, the Saskatoon Clinic provides health services through the Community Health and Social Centre in Delisle and through satellite clinics on Saskatoon's west side and in the Lawson Heights area.

A community health association continued to operate a clinic in Lloydminster in 1984-85.

The community clinics in Regina, Saskatoon, Prince Albert and Wynyard are funded on a line-by-line basis following a detailed budget review each year. Funds for physician services and optometrist services are reimbursed to SHSP by MCIC.

For a detailed account of payments made to community health associations in 1984-85 refer to Appendix A-2.

Community Health and Social Centres

A community based program of health and social services was initially developed in a number of small rural communities as an alternative to the institutional care provided by small general hospitals. The objective of the program is to provide a preventive and curative health and social program which is balanced and co-ordinated by bringing together the essential health and social services required on a day-to-day basis by people residing in rural communities.

A community health and social centre is a facility for the provision of community based, community co-ordinated services. Its programs are intended to place emphasis on the prevention of illness and the promotion of health. The centres are designed to provide primary medical care and other services as alternatives to institutional care where indicated.

The boards of the centres must interact with both Saskatchewan Health and Saskatchewan Social Services.

The basic components of a program are:

- outpatient diagnostic and treatment services based on a regular visiting physician service.
- an on-call nurse to provide 24-hour emergency service.
- public health services such as:
  - preventive health services
  - maternal and child health conferences
  - immunization
  - school health visiting
  - health education

In addition, the following are based in the health and Social Centre in some communities:

- a homemaker program
- a social activity program primarily for elderly people where one can be arranged
- other home care services (e.g. meals on wheels, handyman, etc.)

Eleven community health and social centres were in operation in Saskatchewan as of March 31, 1985. Of these, two are located in communities that opted to close their hospitals in favour of developing this type of community based health and social program.

Payments to community health and social centres are made semi-monthly and are based on an analysis of the yearly budget requests submitted by the individual facilities. Appendix A-2 shows a detailed account of payments to these facilities in 1984-85.

Private Practice Physical Therapy Facilities

The owners of private practice physical therapy facilities enter into contracts with the Minister of Health to provide physical therapy services to insured beneficiaries upon referral by a licensed physician. Payments are made to these facilities based on a negotiated cost per time unit of service rendered to insured beneficiaries.

During 1984-85 the Minister of Health had contracts with the owners of nine private practice physical therapy facilities in the province. The agreements provide for certain limits on the volume of insured services and for the continuance of a Professional Review Committee composed of two representatives from the Private Practitioners Section of the Saskatchewan Physical Therapists Association, one representative from the Council of the Physical Therapists Association and one representative selected by the Minister of Health.

The primary purposes of this committee are to monitor standards of practice and review accounts. Appendix A-3 provides a detailed account of payments to these facilities in 1984-85.

Regional Hospital Laundries

Regional hospital laundries are located in Regina, Saskatoon, Prince Albert and Yorkton. In 1984-85 regional laundry and linen services were provided to 17 hospitals in the Regina area, 22 in the Saskatoon area, 22 in the Prince Albert area and 14 in the Yorkton area.

At the beginning of each fiscal year, the Plan approves a user rate based on estimated expenditures and estimated volumes of linen to be processed during the year. Client hospitals are charged a user fee per pound for laundry and linen services.

Through the work of the Central Laundry Co-ordinating Group, the regional laundries group purchased certain high volume linen items in order to take advantage of volume discounts. Non-user hospitals may order these items from a regional laundry and benefit from volume buying as well.

Construction of a new laundry facility in Yorkton commenced in July 1984 and it is scheduled to be completed in June 1985.

In 1984-85 regional laundries processed approximately 21 million pounds of linen.

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical Services Fund.

The Clinical Services Fund provides for post-graduate education salaries (interns and residents), the service component of the salaries of certain faculty members of the College of Medicine, and some other service-related projects associated with medical education.

In 1984-85 salary support was provided for approximately 51 interns and 154 resident positions and approximately 60 faculty positions in pathology, diagnostic radiology, nuclear medicine, geriatric medicine, rehabilitation medicine, microbiology, neonatology, and certain other clinical specialty areas.

In addition to intern, resident and faculty salaries the Clinical Services Fund provided support in 1984-85 for fifth year medical student stipends, a summer employment program for third year medical students, an education co-ordinator at Saskatoon City Hospital, and a grant to the College of Medicine's Division of Continuing Medical Education.

In 1984-85 the Clinical Services Fund disbursed $10,500,000:

Interns	$ 1,363,206
Residents	5,184,264
Faculty Salaries	3,584,496
Other Services - Related Projects	368,034
Total	$10,500,000

Hospital Systems Study Group

The Hospital Systems Study Group (HSSG) is a non-profit company incorporated under The Non-Profit Corporations Act, 1978. Voting memberships are held by University Hospital, The South Saskatchewan Hospital Centre, The University of Saskatchewan, The University of Regina, The Saskatchewan Health-Care Association and Saskatchewan Health.

HSSG provides a variety of services in the health-care field in Saskatchewan including systems development, research, management services and data processing. The work done by HSSG reflects the continuing needs of users for better management and information systems and the rapidly changing field of systems technology.

Services provided by HSSG include:

- the Personnel/Payroll System serving 53 hospitals and 8 nursing homes.

- the Central Agency of Saskatchewan Hospital (CASH) program accounts payable system serving 23 hospitals, 2 community clinics and 2 nursing homes. By consolidating acounts payable through a central interest bearing bank account savings of over $1,000,000 have accrued to hospitals since 1973.

- the General Ledger system serves 21 hospitals, 2 community clinics and 2 nursing homes.

- the Employee Benefit Plan system is maintained and operated under contract to the Saskatchewan Health-Care Association.

A copy of HSSG's Annual Report may be obtained from the Executive Director, Hospital Systems Study Group, 3337 8th Street E., Saskatoon, Saskatchewan S7H 4K1.

Osteopathic Services

Osteopathy is defined as the art and science of prevention, diagnosis and treatment of disease and injury which adds to generally accepted medical procedures, the use of manipulative methods to detect and correct maladjustments of, or affecting, the bones, muscles, blood vessels, nerves and other tissues. There are no schools of osteopathy in Canada. Graduates from recognized schools in the United States have at least three years of pre-medical education plus four years of training in medicine, including the speciality of osteopathy.

A Doctor of Osteopathy in Saskatchewan must enter into an agreement with the Minister of Health in order to be reimbursed by Saskatchewan Health for the services which he/she provides to beneficiaries. A statement of payments in 1984-85 is contained in Appendix A-3.

Student Health Clinic

The Student Health Clinic is operated by the College of Medicine at the University of Saskatchewan for the purpose of providing students and their families with readily accessible medical and health services which are designed to meet their special needs.

The budget of the Student Health Clinic is assessed and approved by the Saskatchewan Hospital Services Plan on a line-by-line basis, and includes salaries for the physicians and other staff. The approved budget for the 1984-85 year was $420,495. Monthly payments are processed through the University Hospital.

Saskatchewan Hospitalization Fund

Legislative and Regulatory Authority

The Saskatchewan Hospitalization Act establishes the Saskatchewan Hospitalization Fund from which payments are made to hospitals and other approved facilities for insured services received by beneficiaries, and for the administrative expenses incurred in the operation of the Plan.

Payments

Total Payments

The Plan is responsible for all reasonable costs incurred in the provision of health services to Saskatchewan residents. Total payments for the twelve months ending March 31, 1985, amounted to $466,490,218. Payments for the fiscal years 1982-83, 1983-84 and 1984-85 are shown in Appendix D-1.

Hospitalization Payments

All reasonable costs incurred by Saskatchewan hospitals in providing insured services to Saskatchewan residents are paid by the Plan. During the twelve months ending March 31, 1985, payments totalling $388,068,838 were made to in-province hospitals for inpatient care. For other details see Appendix D-1. Payments to in-province hospitals for outpatient services amounted to $52,193,877 for the twelve months ending March 31, 1985.

During the year the Plan paid $4,855,089 to Saskatchewan hospitals for inpatient and outpatient care provided to residents of other provinces under reciprocal agreements with these provinces. These payments are invoiced to other provincial government authorities responsible for these non-residents who received hospital services in Saskatchewan. Of the total amount billed to the end of the fiscal year, a balance of $347,762 remains outstanding as at March 31, 1985.

In addition, payments to other approved facilities within the province amounted to $6,710,145.

Payments for insured services provided outside the province amounted to $16,634,627 for the twelve months ending March 31, 1985. Of this amount $15,196,869 was paid for inpatient services and $1,437,758 was paid for outpatient services.

Administration Expenses

During the twelve months ending March 31, 1985, it cost $4,344,070 to operate the Plan. There were 143 positions approved for the Plan as of March 31, 1985.

Revenues

The total revenue for the Saskatchewan Hospitalization Fund during the twelve months ending March 31, 1985 amounted to $466,184,330 which came from Consolidated Fund Appropriations.

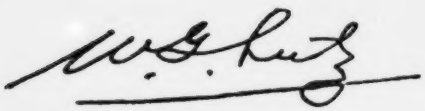
Auditor's Report

To the Members of the Legislative Assembly of the Province of Saskatchewan

I have examined the statement of receipts, payments and balance of fund and the supporting statement of general administration payments for the Saskatchewan Hospitalization Fund for the year ended March 31, 1985. My examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as I considered necessary in the circumstances.

In my opinion, these financial statements present fairly the balance of the Fund as at March 31, 1985 and the cash transactions for the year then ended in accordance with the disclosed basis of accounting applied on a basis consistent with that of the preceding year.

Regina, Saskatchewan,
April 23, 1985.



W. G. Lutz, F.C.A.,
Provincial Auditor.

Statement 1

Saskatchewan Hospitalization Fund

Statement of Receipts, Payments and Balance of Fund
For the Year Ended March 31

	1985	1984
Receipts:		
Miscellaneous Revenue	$ —	$ 33
Grants from Consolidated Fund — for Administration	4,445,930	4,571,560
— for Hospitalization	461,738,400	438,839,200
	$ 466,184,330	$ 443,410,793
Payments:		
Hospitalization —		
Hospitals within the Province (Note 4)	$ 440,262,715	$ 418,696,777
Hospitals outside the Province	16,374,565	14,409,551
Other approved facilities within the Province (Note 4)	6,710,145	6,264,814
Reimbursement to patients re:		
Out-of-Province Hospital Accounts	260,062	283,822
Less: Recoveries — Third-Party Liability	(1,287,624)	(1,162,782)
Total Hospitalization Payments — Saskatchewan residents	$ 462,319,863	$ 438,492,182
Hospitals within the Province — Reciprocal Billings for Non-Province Residents (net of recoveries) (Note 4)	(173,715)	274,745
Total Hospitalization Payments	$ 462,146,148	$ 438,766,927
General Administration —		
Salaries, Services and Gratuities	$ 4,062,062	$ 4,161,317
Travel, Sustenance and Vehicle Expense	105,610	98,487
Other	1,408,277	1,475,224
	$ 5,575,949	$ 5,735,028
Less: Recoveries for Services to Other Agencies	(1,231,879)	(1,205,546)
Total General Administration Payments (Statement 2)	$ 4,344,070	$ 4,529,482
	$ 466,490,218	$ 443,296,409
Excess/(Deficit) of Receipts over Payments	$ (305,888)	$ 114,384
Balance of Fund, beginning of year	1,060,831	946,447
Balance of Fund, end of year (Note 5)	$ 754,943	$ 1,060,831
Represented by: Cash	$ 754,943	$ 1,060,831

(See accompanying notes to the financial statements)

Statement 2

Saskatchewan Hospitalization Fund

Statement of General Administration Payments
For the Year Ended March 31

	1985	1984
Salaries, Services and Gratuities	$ 4,062,062	$ 4,161,317
Postage, Telephone and Telegraph	362,144	336,195
Consultant Fees	185,274	261,000
Computer Services	160,485	200,206
Equipment — Rentals	123,355	120,717
— Purchase of Accounting and Business Machines	15,985	12,324
— Repairs (including minor equipment purchases)	12,487	10,072
Stationery and Office Supplies	127,625	99,306
Travel, Sustenance and Vehicle Expense	105,610	98,487
Unemployment Insurance — Employer share	81,459	82,274
Public Employees' Superannuation Plan — Employer Contribution	74,394	75,502
Registration Services Fees	65,925	66,115
Programmer Analyst Services	60,125	54,653
Canada Pension Plan — Employer Contribution	42,673	43,342
Workers' Compensation Board Assessment	19,745	27,704
Miscellaneous Contractual Services	18,694	16,555
Legal Fees	12,618	4,784
Printing and Publishing Expenses	10,465	11,333
Relocation Expenses	7,284	12,526
Disability Income Program — Employer Contribution	6,804	6,912
Registration fees	4,828	7,235
Public Employees' Dental Plan — Employer Contribution	4,629	8,157
Association and Professional Dues	4,069	3,909
Miscellaneous	7,210	14,403
	$ 5,575,949	$ 5,735,028
Less: Recoveries for Services to Other Agencies	(1,231,879)	(1,205,546)
Total to Statement 1	$ 4,344,070	$ 4,529,482

(See accompanying notes to the financial statements)

Saskatchewan Hospitalization Fund

Notes to Financial Statements
March 31, 1985

1. **Accounting Policies**

(a) The accounts of the Fund are maintained on a cash basis whereby revenue is recorded when received and expenditures are charged to the accounts when payments are made. Accordingly, the assets and liabilities (excluding Cash) are not reflected in these financial statements.

(b) Fixed assets used in the administration of the Fund are included in expenditures when payment is made.

(c) Hospitals are financed by payments made throughout the year on the basis of reasonable cost of providing insured services. Final settlements are made in the subsequent fiscal period and reflected in that period.

2. **Authority**

The authority of The Saskatchewan Hospitalization Fund is set out in Section 15 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978.

3. **Contingent Assets**

Under Section 26 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund has the right to recover hospitalization expenses from third parties responsible for persons being hospitalized. Claims presently estimated as potential recoveries are $3,401,498. (1984 — $2,693,123).

4. **Agency Agreement**

As permitted under Section 6.1 and Section 7 of The Saskatchewan Hospitalization Act, Chapter S-23 R.S.S. 1978, the Saskatchewan Hospitalization Fund acted as agent for the Saskatchewan Medical Care Insurance Commission in regard to physician salaries in community clinics; the Department of Health, Continuing Care Branch in regard to Level 4 patients in general and rehabilitation hospitals; and governments of other provinces in regard to residents of other provinces. Payments stated are net of recoveries. These recoveries in the year under review were $4,438,045 (1984 — $4,293,187) from the Saskatchewan Medical Care Insurance Commission, $19,798,090 (1984 — $17,140,800) from the Department of Health, Continuing Care Branch, and $5,028,803 (1984 — $4,179,903) from the governments of other provinces.

5. **Balance of Fund**

The balance of the fund represents an accumulation of previous year's surpluses and deficits.

This accumulation is made up of the following:

Payments	Balance Mar. 31/84	Current Receipts	Current Payments	Balance Mar. 31/85
Hospitalization	$1,056,884	$461,738,400	$462,146,148	$ 649,136
Administration	3,947	4,445,930	4,344,070	105,807
	$1,060,831	$466,184,330	$466,490,218	$ 754,943

6. **Related Party Transactions**

In accordance with government accounting policy, costs which are not normally allocated between government departments, such as occupancy costs are not charged to the fund.

7. **Comparative Figures**

Certain of the 1984 comparative figures have been restated to conform with changes made during the current period in classifying items in the financial statements.

Appendices

Readers of this report are advised the statistical section that follows excludes utilization and diagnosis data, which has been provided in previous reports. A separate statistical supplement will be issued.

Appendix A **Payments to Hospitals and Other Facilities**

A-1 Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan, 1984-85.

A-2 Payments to Community Operated Outpatient Facilities, 1984-85.

A-3 Payments to Privately Operated Outpatient Facilities (Contract), 1984-85.

Appendix B **Grants for Construction and Renovations, 1984-85**

Appendix C **Population Covered**

C-1 Age and Sex Distribution of Covered Population for Selected Years, 1947-84.

C-2 Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1974, 1979, 1984.

Appendix D **Payments for Saskatchewan Beneficiaries at all Locations**

D-1 Saskatchewan Hospitalization Fund Payments for Years, 1982-83 to 1984-85.

Appendix E **Acts Administered by the Plan**

Appendix F **Glossary**

Appendix A
Payments to Hospitals and Other Facilities

Appendix A-1

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan For the Fiscal Year Ended March 31, 1985

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/85	Approved Daily Census Mar. 31/85	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
General and Rehabilitation Hospitals						
Arborfield Union		8	7.4	$ 340,434	$ –	$ –
Arcola, Brock Union		24	19.2	1,050,261	–	–
Assiniboia Union		42	25.6	1,501,086	–	2,760
Balcarres Union		29	20.7	1,173,276	17,208	–
Beechy Union		8	4.0	473,446	–	–
Bengough Union		16	9.8	521,265	–	–
Bienfait-Coalfields Union		12	7.0	337,044	–	–
Biggar Union		32	22.8	1,518,527	–	–
Big River Union		25	15.9	912,269	–	275
Birch Hills Memorial Union		15	10.5	669,210	11,000	–
Borden Union		10	9.5	407,516	–	–
Broadview Union		22	16.1	832,639	–	–
Cabri Union		20	7.8	563,944	–	–
Canora Union		50	35.3	2,439,932	–	–
Carrot River Union		18	14.3	833,861	–	–
Central Butte Union		30	19.9	1,104,984	–	–
Climax, Border Union		8	3.6	335,517	–	–
Coronach Union		12	6.6	536,023	–	–
Craik Community		8	5.0	378,450	–	459
Cudworth, St. Michael's		20	15.0	802,964	–	1,127
Cupar Union		17	9.4	573,216	8,000	–
Cut Knife Union		8	6.0	467,535	–	–
Davidson Union		17	14.2	735,743	–	1,036
Dinsmore Union		10	6.0	459,721	–	–
Dodsland Union		10	5.0	454,364	–	–
Eastend Union		13	6.4	512,338	–	–
Eatonia Union		12	6.7	503,288	36,000	–
Edam, Lady Minto Union		8	6.0	481,284	–	–
Elrose Union		7	5.0	430,298	–	–
Esterhazy, St. Anthony's		30	19.3	1,222,405	14,057	319
Estevan, St. Joseph's General	(1)	106	71.0	4,806,648	–	–
Eston Union		24	11.9	802,446	–	–
Fillmore Union		15	9.6	632,740	–	–
Foam Lake Union		18	15.3	765,072	20,938	–
Fort Qu'Appelle Indian	(A)	60	33.0	1,920,712	–	–
Gainsborough Union		14	7.8	445,065	–	–
Goodsoil Union		11	8.4	493,304	–	2,459
Gravelbourg, St. Joseph's		32	16.7	1,150,927	–	1,159
Grenfell Union		18	12.0	720,210	–	–
Gull Lake Union		16	6.3	496,256	1,200	–
Hafford Union		16	11.7	573,593	–	–
Herbert-Morse Union		19	10.2	594,654	–	527
Hudson Bay Union		18	14.1	869,460	–	–
Humboldt, St. Elizabeth's		81	53.6	4,308,607	4,417	2,636
Ile a la Crosse, St. Joseph's		46	18.8	1,336,018	19,000	7,545
Imperial Union		13	6.3	517,282	–	–
Indian Head Union		23	16.5	1,051,573	–	543
Invermay-Canora Union		11	6.7	455,852	–	–
Ituna Union		14	9.7	550,440	–	–

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1985

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/85	Approved Daily Census Mar. 31/85	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Kamsack Union		49	41.0	$ 2,496,398	$ 39,553	$ –
Kelvington Union		22	14.8	790,766	5,739	–
Kerrobert Union		30	18.8	1,083,906	6,543	–
Kincaid Union		9	5.0	469,239	–	–
Kindersley Union		55	28.6	1,968,798	–	–
Kinistino Union		16	12.4	649,766	15,053	–
Kipling Memorial Union		27	12.0	959,775	–	–
Kyle-White Bear Union		8	5.4	535,179	–	–
Lafleche Union		8	4.3	486,138	–	–
La Loche, St. Martin's		12	6.8	795,330	–	4,629
Lampman Union		8	3.4	490,918	–	–
Langenburg Union		29	14.6	1,019,637	–	–
Lanigan Union		30	20.3	1,209,862	55,558	744
La Ronge		28	19.8	1,312,408	–	8,631
Leader Union		25	12.4	763,906	–	–
Leoville Union		11	6.7	423,216	–	–
Lestock, St. Joseph's Union		22	20.4	1,050,394	–	–
Lloydminster		92	61.1	2,085,280	153,589	–
Loon Lake Union		18	10.7	557,397	–	–
Lucky Lake Union		9	5.0	458,685	–	–
Macklin, St. Joseph's		25	11.7	703,632	–	–
Maidstone Union		19	16.5	908,537	–	–
Mankota Union		9	3.6	442,682	–	–
Maple Creek Union		44	21.8	1,207,558	–	–
Meadow Lake Union		52	32.4	2,579,925	27,775	–
Melfort Union		85	61.0	4,672,412	2,545,824	469
Melville, St. Peter's	(2)	81	63.6	4,021,015	88,166	3,174
Midale Union		8	5.2	476,771	–	–
Milden Union		10	5.6	486,065	–	–
Montmartre Union		11	9.3	505,931	–	320
Moose Jaw, Providence	(3)	134	113.1	7,594,844	1,056	15,250
Moose Jaw Union	(4)	254	175.5	13,214,355	9,644	3,178
Moosomin Union		50	44.3	2,651,626	–	2,288
Neilburg and District Union		11	7.8	506,350	–	–
Nipawin Union		62	51.8	3,456,418	800,000	–
Nokomis Union		10	6.5	486,191	4,475	–
Norquay-Canora Union		15	11.0	591,673	–	–
North Battleford, Battlefords Union	(5)	200	163.8	11,453,913	–	1,138
Outlook Union		22	17.1	883,965	74,530	337
Oxbow Union		21	10.5	678,579	52,320	–
Pangman Union		10	4.2	433,587	–	275
Paradise Hill Union		18	11.5	670,176	–	–
Ponteix Union		10	5.0	402,688	–	140
Porcupine-Carragana Union		20	12.6	731,684	17,000	–
Preeceville Union		29	21.5	1,213,709	196	–
Prince Albert, Holy Family	(6)	162	116.3	8,624,075	53,696	16,482
Prince Albert, Victoria Union	(7)	228	186.1	12,703,738	–	638
Rabbit Lake Union		10	6.0	420,713	–	–
Radville Community		18	11.7	778,564	–	–
Redvers Union		21	14.9	821,944	11,000	721
Regina General	(8)	489	437.9	49,699,711	868,743***	13,220
Regina, South Saskatchewan Hospital Centre:						
– Pasqua Hospital	(9)	404	321.6	31,919,969	9,637,698***	11,089
– Plains Health Centre		300	232.0	31,207,299	324,439	5,419
– Wascana Hospital	(B) (10)	215	284.4	10,627,381	510,000****	–
Rockglen Union		7	5.0	467,470	–	597

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1985

Type and Location of Hospital Facility		Rated Bed Capacity Mar. 31/85	Approved Daily Census Mar. 31/85	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Rosetown Union		34	25.6	$ 1,951,958	$ –	$ –
Rose Valley Union		16	11.0	648,106	–	–
Rosthern Union		42	29.2	1,632,685	–	2,535
St. Walburg Union		20	7.3	556,692	65,000	–
Saskatoon City	(11)	376	295.8	29,712,960	883,200**	15,824
Saskatoon, St. Paul's		330	291.0	27,942,240	327,368**	92,254
Saskatoon, University	(12)	546	433.0	70,513,496	4,031,965**	81,947
Shaunavon Union		37	18.9	1,243,474	–	–
Shellbrook Union		30	22.0	1,240,087	–	261
Smeaton Union		11	6.0	486,952	–	–
Spalding Union		12	8.5	513,603	–	–
Spiritwood Union		20	16.5	848,557	51,182	268
Swift Current Union	(13)	164	120.4	9,603,998	–	3,522
Theodore Union		13	7.3	469,359	–	–
Tisdale Union		68	32.0	2,626,721	21,562	–
Turtleford, Riverside Memorial Union		26	18.8	1,098,831	–	–
Unity Union		28	18.2	1,086,812	15,000	–
Uranium City, Municipal		32	17.2	1,158,627	–	–
Vanguard Union		11	5.0	389,392	–	–
Wadena Union		42	21.1	1,333,193	–	–
Wakaw Union		26	21.5	1,169,805	24,915	2,724
Watrous Union		31	20.0	1,009,705	–	–
Watson Union		14	10.0	577,123	–	171
Wawota Memorial Union		13	9.2	506,030	–	1,304
Weyburn Union		101	67.3	4,950,734	–	652
Whitewood-Moosomin Union		10	7.2	528,220	–	–
Wilkie Union		31	19.0	1,083,611	29,461	–
Wolseley Memorial Union		19	14.8	831,655	–	–
Wynyard Union		21	17.8	1,068,711	–	–
Yorkton Union	(14)	313	245.2	15,034,795	3,474,150	560
Total (134 Hospitals)		7,105	5,362.7	$454,733,979	$24,358,200	$311,606

Appendix A-1 (Continued)

Payments to Hospital Facilities and Rated Bed Capacities, Saskatchewan
For the Fiscal Year Ended March 31, 1985

Type and Location of Hospital Facility	Rated Bed Capacity Mar. 31/85	Approved Daily Census Mar. 31/85	Payments for Operating Costs*	Provincial Grants for Construction and Renovations	Payments Under Hospital Revenue Act
Other Facilities					
Canadian Red Cross Blood Depot — Regina and Saskatoon	—	—	$ 4,479,832	$ —	$ —
Saskatchewan Anti-Tuberculosis League — Fort San	—	—	846,994	—	—
Saskatchewan Cancer Foundation — Saskatoon Clinic	—	—	*****	192,076	—
Total	7,105	5,362.7	$ 5,326,826	$ 192,076	$ —
	7,105	5,362.7	$460,060,805	$ —	$ —
Less: Recoveries from Saskatchewan Health — Continuing Care Branch re: Level 4 Patients	—	—	19,798,090	—	—
Grand totals	7,105	5,362.7	$440,262,715	$24,550,276	$311,606

(A) Owned and operated by Federal Government.
(B) Rehabilitation Hospital.
* Payments for operating costs may include deficit payments or surplus recoveries applicable to the previous year.
** Includes Capital Grants paid under "Saskatchewan Heritage Fund".
*** Includes Capital Grants paid under "Special Projects Fund".
**** Includes Capital Grants paid under "Wascana Rehabilitation Centre" project.
***** Payments for operating costs are made by separate Provincial Grant paid through Saskatchewan Health. In 1984-85 this grant amounted to $15,116,495.00.

(1) Includes — 12 Alcoholic Rehabilitation Beds.
(2) Includes — 10 Extended Care Beds.
(3) Includes — 42 Extended Care Beds.
(4) Includes — 22 Psychiatric Beds.
(5) Includes — 32 Psychiatric Beds.
(6) Includes — 15 Extended Care Beds.
(7) Includes — 60 Psychiatric Beds and 60 Extended Care Beds.
(8) Includes — 38 Psychiatric Beds and 60 Extended Care Beds.
(9) Includes — 10 Extended Care Beds.
(10) Excludes — 54 Department of Veterans Affairs Beds but includes 119 Extended Care Beds and 96 Rehabilitation Beds.
(11) Includes — 16 Psychiatric Beds.
(12) Includes — 39 Psychiatric Beds and 22 Rehabilitation Beds.
(13) Includes — 14 Psychiatric Beds.
(14) Includes — 51 Psychiatric Beds and 60 Extended Care Beds.

Appendix A-2

Payments to Community Operated Outpatient Facilities For the Fiscal Year Ended March 31, 1985

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments for Operating Costs	Provincial Grants for Construction and Renovations
Community Clinics					
Lloydminster & District Community Health Services Association Limited	Lloydminster	Laboratory Radiology	Semi-monthly	$ 44,396	$ –
Prince Albert Co-operative Health Centre	Prince Albert	Outpatient Services	Semi-monthly	3,145,278	–
Community Health Services Association (Regina) Ltd.	Regina	Outpatient Services	Semi-monthly	1,262,247	–
Community Health Services (Saskatoon) Association Ltd.	Saskatoon	Outpatient Services	Semi-monthly	3,973,858	–
Community Health Services (Wynyard & District) Association	Wynyard	Outpatient Services	Semi-monthly	221,537	–
				$8,647,316	$ –
Less: Recoveries from Saskatchewan Medical Care Insurance Commission re: Physician Salaries				4,438,045	
				$4,209,271	$ –
Community Health and Social Centres					
Delisle Community Health and Social Centre	Delisle	Outpatient Services	Semi-monthly	$ 85,226	$ –
Hodgeville Community Health and Social Centre	Hodgeville	Outpatient Services	Semi-monthly	32,445	–
Leroy Community Health and Social Centre	Leroy	Outpatient Services	Semi-monthly	42,645	–
Maryfield Community Health and Social Centre	Maryfield	Outpatient Services	Semi-monthly	52,593	–
Mossbank Community Health and Social Centre	Mossbank	Outpatient Services	Semi-monthly	40,000	–
Neudorf Community Health and Social Centre	Neudorf	Outpatient Services	Semi-monthly	21,144	–
Quill Lake Community Health and Social Centre	Quill Lake	Outpatient Services	Semi-monthly	37,130	–
Raymore Community Health and Social Centre	Raymore	Outpatient Services	Semi-monthly	22,777	–
Strasbourg Community Health and Social Centre	Strasbourg	Outpatient Services	Semi-monthly	107,594	–
Willow Bunch Community Health and Social Centre	Willow Bunch	Outpatient Services	Semi-monthly	48,709	–
Zenon Park Community Health and Social Centre	Zenon Park	Outpatient Services	Semi-monthly	46,278	–
				$ 536,541	$ –
Total				$4,745,812	$ –

Appendix A-3

Payments to Privately Operated Outpatient Facilities (Contract) For the Fiscal Year Ended March 31, 1985

Facility	Location	SHSP Insured Services Available	Method of Payment	Payments
G. Uhman, Manitou Clinic	Manitou Beach	Physical Therapy	Fee-for-service	$ 11,165
K. Julian	Moose Jaw	Physical Therapy	Fee-for-service	149,758
G. Beveridge	Regina	Physical Therapy	Fee-for-service	545,730
A. Durkin	Regina	Physical Therapy	Fee-for-service	175,814
Barbara Reid	Regina	Physical Therapy	Fee-for-service	226,497
Dr. D. Tanner	Regina	Osteopathic	Fee-for-service	45,694
J. Y. Wasylenko	Regina	Physical Therapy	Fee-for-service	235,006
C. I. Porter	Rosetown	Physical Therapy	Fee-for-service	52,512
J. Crawford	Saskatoon	Physical Therapy	Fee-for-service	223,478
Smithwick's Physiotherapy	Saskatoon	Physical Therapy	Fee-for-service	298,679
Total				$1,964,333

Appendix B
Grants for Construction and Renovations, 1984-85

General Hospitals	Project	Status of Construction	Total Grants Approved	Payments during April 1/84 to March 31/85
Balcarres Union	Replace Roof	Completed	$ 73,828	$ 17,208
Birch Hills Memorial	Renovations – general	Completed	11,000	11,000
Cupar Union	Renovations – mechanical	Completed	32,378	8,000
Cut Knife Union	New – 8 bed Hospital	Completed	916,942	–
Eatonia Union	Extensions and renovations	Completed	70,550	5,570
Eatonia Union	Replace roof	Underway	40,250	30,250
Esterhazy, St. Anthony's	Roof repairs	Completed	14,057	14,057
Foam Lake Union	Renovations – general	Underway	40,938	20,938
Gull Lake Union	Role Study	Completed	4,950	1,200
Hafford Union	Renovations – mechanical	Completed	18,200	–
Humboldt, St. Elizabeth's	Renovations – mechanical	Completed	29,417	4,417
Ile a la Crosse, St. Joseph's	Renovations – mechanical	Underway	25,000	19,000
Indian Head Union	Extension and renovations	Underway	76,699	–
Kamsack Union	Renovations – mechanical	Underway	16,217	–
Kamsack Union	Extension and renovations	Underway	79,533	39,533
Kelvington Union	Replace roof and install air conditioning	Completed	95,739	5,739
Kerrobert Union	Extension and renovations	Completed	18,952	6,543
Kerrobert Union	Extension and renovations	Underway	131,455	–
Kinistino Union	Emergency Power System	Completed	15,053	15,053
Kipling Union	Renovations – mechanical	Underway	10,000	–
Lanigan Union	Extension and renovations	Completed	161,944	40,486
Lanigan Union	Medical Gas Piping System	Underway	57,072	15,072
La Ronge	New – 28 bed hospital	Planning	4,557,500	–
Lestock, St. Joseph's	Renovations – general	Underway	18,550	–
Lloydminster	New – 118 bed hospital	Planning	9,696,000	153,589
Lloydminster	Renovations – fire safety	Underway	59,886	–
Maidstone Union	New – 25 bed hospital	Planning	2,171,000	–
Meadow Lake Union	Renovations – fire safety	Completed	9,275	9,275
Meadow Lake Union	Renovations – general	Completed	18,500	18,500
Melfort Union	Major expansion and renovation	Underway	6,093,148	2,545,824
Melville, St. Peter's	Renovations – I.C.U. and C.C.U.	Completed	76,352	19,088
Melville, St. Peter's	Emergency Power System	Completed	29,550	9,310
Melville, St. Peter's	Replace roof	Underway	79,768	59,768
Moose Jaw, Providence	Replace roof	Completed	100,793	1,056
Moose Jaw Union	Renovations – energy conservation	Completed	148,244	9,644
Nipawin Union	New – 70 bed Hospital	Underway	7,881,658	800,000
Nokomis Union	Extension – storage space	Completed	23,294	4,475
Outlook Union	Renovations – general	Underway	99,530	74,530
Oxbow Union	Renovations – mechanical	Underway	69,321	52,320
Porcupine – Carragana	Roof replacement and fire safety renovations	Completed	68,604	17,000
Preeceville Union	Renovations – general	Completed	40,746	196
Prince Albert, Holy Family	Renovations – mechanical – Phase 1	Completed	154,502	–
Prince Albert, Holy Family	Renovations – mechanical – Phase 2	Underway	84,000	10,000
Prince Albert, Holy Family	Feasibility Study	Underway	27,300	20,300
Prince Albert, Holy Family	Re-roof Power House Building	Underway	21,268	10,000
Prince Albert, Holy Family	Renovations – radiology	Underway	17,396	13,396
Prince Albert, Victoria Union	Renovations – Dietary	Underway	283,120	–
Redvers Union	Renovations – general	Underway	14,870	11,000
Regina General	Renovations – general	Completed	181,575	46,000
Regina General	Renovations – general	Completed	42,000	42,000
Regina General	Burn Unit	Underway	670,000	200,000
Regina General	Regeneration Program	Underway	85,821,776	580,743
Regina Pasqua	Renovations – A.B.M.C.	Completed	135,441	135,441
Regina Pasqua	Renovations – general	Completed	175,444	83,000
Regina Pasqua	Regeneration Program	Underway	69,302,119	9,419,257
Regina Plains Health Centre	Renovations – general	Completed	296,100	154,000
Regina Plains Health Centre	Central Control and monitoring development study	Underway	77,056	–
Regina Plains Health Centre	Renovations – electrical	Underway	223,475	170,439
St. Walburg Union	Renovations – general	Underway	353,322	65,000
Saskatoon, City	Planning 83/84	Completed	98,935	20,000
Saskatoon, City	Planning 84/85	Underway	96,800	81,800
Saskatoon, City	Renovations – Psychiatric Space	Underway	1,885,363	781,400
Saskatoon, St. Paul's	Planning 83/84	Completed	71,967	5,000
Saskatoon, St. Paul's	Planning 84/85	Underway	96,800	70,000
Saskatoon, St. Paul's	Renovations – fire safety	Completed	490,400	49,040
Saskatoon, St. Paul's	Replace Chiller	Completed	203,328	203,328
Saskatoon, University	Renovations – general	Completed	83,067	19,367
Saskatoon, University	Renovations – general	Completed	12,598	12,598
Saskatoon, University	Major Renovations	Underway	24,000,000	4,000,000
Shellbrook Union	Renovations – install air conditioning	Underway	28,900	–
Spiritwood Union	Replace roof	Underway	68,182	51,182
Tisdale Union	Renovations – fire safety	Underway	57,500	–
Tisdale Union	Medical gas piping system	Underway	41,562	21,562
Unity Union	Renovations – electrical and fire safety	Completed	30,370	15,000
Vanguard Union	Renovations – mechanical	Underway	29,000	–
Wakaw Union	Extension and renovations	Completed	102,165	24,915
Watrous Union	New – 25 bed hospital	Planning	1,967,600	–
Weyburn Union	Role study and master program	Underway	32,850	–
Wilkie Union	Renovations – general	Completed	123,461	29,461
Yorkton Union	Major expansion and renovations	Underway	5,785,970	3,474,150
Total			$226,369,445	$23,848,200

Appendix B (Continued)

Grants for Construction and Renovations, 1984-85

General Hospitals	Project	Status of Construction	Total Grants Approved	Payments during April 1/84 to March 31/85
Rehabilitation and Extended Care Hospitals				
Regina, Wascana Hospital	Renovations – general	Completed	$ 60,000	$ 10,000
Total			$ 60,000	$ 10,000
Other Facilities				
Regina Wascana Rehabilitation Centre	New Building and Alterations	Planning	$ 17,500,000	$ 500,000
Saskatoon Cancer Clinic	Construction Program	Planning	14,300,000	192,076
Total			$ 31,800,000	$ 692,076
Grand Total			$258,229,445	$ 24,550,276

Appendix C
Population Covered

Appendix C-1
Age and Sex Distribution of Covered Population* for Selected Years 1947-1984

Year**	All Ages	Under 1	1-4	5-14	15-24	25-44	45-64	65+
				Both Sexes				
1947	780,445	20,071	64,106	143,349	139,668	213,985	144,699	54,567
1951	779,470	19,044	73,284	143,156	121,773	215,603	141,797	64,813
1956	831,074	22,011	81,432	165,668	116,737	221,200	147,222	76,804
1961	910,139	22,982	90,649	198,977	127,335	221,469	163,149	85,578
1966	951,434	19,501	88,576	213,951	151,738	210,633	178,198	88,837
1971	938,527	16,878	66,662	206,366	170,043	197,670	186,739	94,169
1976	949,463	16,061	62,886	178,091	189,661	211,564	187,812	103,388
1981	990,746	15,840	66,659	159,580	193,959	253,237	184,748	116,723
1982	1,000,667	16,160	67,645	159,951	190,428	263,058	183,940	119,485
1983	1,014,496	16,478	68,888	160,646	189,071	273,720	183,717	121,976
1984	1,028,965	16,778	70,424	161,599	187,274	285,059	183,335	124,496
				Males				
1947	407,336	10,271	32,870	72,821	68,697	109,495	81,376	31,806
1951	404,262	9,798	37,567	73,153	59,964	108,384	77,895	37,501
1956	429,166	11,245	42,141	84,938	58,077	110,554	78,571	43,640
1961	468,881	11,918	46,860	102,389	63,940	110,883	85,475	47,416
1966	484,979	10,028	45,211	109,777	76,573	105,624	91,434	46,332
1971	473,600	8,597	34,252	105,394	85,560	98,622	93,877	47,298
1976	478,886	8,103	32,080	90,930	97,106	106,934	93,772	49,961
1981	498,641	8,199	34,126	81,605	99,029	129,112	92,102	54,468
1982	503,095	8,306	34,866	81,722	97,162	134,106	91,611	55,322
1983	509,862	8,283	35,527	82,009	96,562	139,947	91,488	56,046
1984	517,126	8,544	36,022	82,481	95,861	145,942	91,446	56,830
				Females				
1947	373,109	9,800	31,236	70,528	70,971	104,490	63,323	22,761
1951	375,208	9,246	35,717	70,003	61,809	107,219	63,902	27,312
1956	401,908	10,766	39,291	80,730	58,660	110,646	68,651	33,164
1961	441,258	11,064	43,789	96,588	63,395	110,586	77,674	38,162
1966	466,455	9,473	43,365	104,174	75,165	105,009	86,764	42,505
1971	464,927	8,281	32,410	100,972	84,483	99,048	92,862	46,871
1976	470,577	7,958	30,806	87,161	92,555	104,630	94,040	53,427
1981	492,105	7,641	32,533	77,975	94,930	124,125	92,646	62,255
1982	497,572	7,854	32,779	78,229	93,266	128,952	92,329	64,163
1983	504,634	8,195	33,361	78,637	92,509	133,773	92,229	65,930
1984	511,839	8,234	34,402	79,118	91,413	139,117	91,889	67,666

* A detailed "Covered Population Report" is published yearly and is available for a charge from S.H.S.P. "Covered Population" refers to all persons eligible to receive S.H.S.P. insured services. Caution should be exercised in using these figures as population estimates. They may not agree with Statistics Canada Census figures.

** The years prior to 1965 include all persons provided with any coverage between January and August 31. The years since 1965 include all persons who were eligible at June 30.

Appendix C-2

Distribution of Population by Age Group and Type of Residence, and Percentage Change: 1974, 1979, 1984

Year*	Group	Total	Type of Residence				
			Cities	Towns	Villages	Rural	Reservations
1974	Total	922,487	404,933	144,590	84,625	250,601	37,738
	Under 1	14,394	6,886	1,966	1,376	2,865	1,301
	1-4	61,905	27,764	8,726	5,604	14,074	5,737
	5-14	185,623	76,875	26,641	16,713	53,340	12,054
	15-24	175,782	79,660	24,519	14,867	49,256	7,480
	25-44	197,550	97,917	28,080	16,075	48,587	6,891
	45-64	186,919	75,162	29,930	17,417	61,390	3,020
	65+	100,314	40,669	24,728	12,573	21,089	1,255
1979	Total	976,734	444,806	168,107	83,613	239,227	40,981
	Under 1	16,356	7,472	2,565	1,541	3,437	1,341
	1-4	65,123	28,067	10,513	6,117	15,158	5,268
	5-14	164,094	68,764	24,907	13,473	44,386	12,564
	15-24	197,618	94,320	29,902	15,354	48,815	9,227
	25-44	235,303	118,725	36,045	17,794	54,924	7,815
	45-64	186,955	80,618	33,027	15,758	54,196	3,356
	65+	111,285	46,840	31,148	13,576	18,311	1,410
1984	Total	1,028,965	495,716	171,944	80,353	232,998	47,954
	Under 1	16,778	8,029	2,589	1,432	3,275	1,453
	1-4	70,424	31,669	10,880	6,207	15,476	6,192
	5-14	161,599	70,159	24,492	12,763	41,145	13,040
	15-24	187,274	94,301	26,786	12,901	41,834	11,452
	25-44	285,059	152,042	42,018	19,487	61,125	10,387
	45-64	183,335	84,708	30,761	13,802	50,108	3,956
	65+	124,496	54,808	34,418	13,761	20,035	1,474
Percentage Changes: 1974-1984							
	Total	11.5	22.4	18.9	(5.1)	(7.0)	27.1
	Under 1	16.6	16.6	31.7	4.1	14.3	11.7
	1-4	13.8	14.1	24.7	10.8	10.0	7.9
	5-14	(12.9)	(8.7)	(8.1)	(23.6)	(22.9)	8.2
	15-24	6.5	18.4	9.3	(13.2)	(15.1)	53.1
	25-44	44.3	55.3	49.6	21.2	25.8	50.7
	45-64	(1.9)	12.7	2.8	(20.8)	(18.4)	31.0
	65+	24.1	34.8	39.2	9.5	(5.0)	17.5

( ) indicates a decrease
* includes all persons who were eligible at June 30

Appendix D
Payments for Saskatchewan Beneficiaries at all Locations

Appendix D-1
Saskatchewan Hospitalization Fund Payments for Years 1982-83 to 1984-85

Item	April 1/82 to Mar. 31/83	April 1/83 to Mar. 31/84	April 1/84 to Mar. 31/85
Total Payments	$412,123,291	$443,296,409	$466,490,218
Percent increase over Previous Year	18.37	7.56	5.23
Per Capita Cost*	$ 411.85	$ 436.96	$ 453.36
Total Hospital Payments	$407,581,203	$438,766,927	$462,146,148
Percent of Total Payments	98.90	98.98	99.07
Percent increase over Previous Year	18.38	7.65	5.33
Total Hospital Payments — Saskatchewan Residents	$407,810,682	$438,492,182	$462,319,863
Percent of Total Hospital Payments	100.06	99.94	100.04
Percent increase over Previous Year	18.61	7.52	5.43
Per Capita Cost*	$ 407.54	$ 432.23	$ 449.31
Total Inpatient Payments	$356,086,346	$378,774,470	$403,265,707
Percent of Total Hospital Payments — Saskatchewan Residents	87.32	86.38	87.23
Percent increase over Previous Year	20.01	6.37	6.46
Inpatient Payments — General Hospitals	$347,038,589	$369,462,129	$393,773,677
Percent of Total Hospital Payments — Saskatchewan Residents	85.10	84.26	85.17
Percent increase over Previous Year	22.00	6.46	6.58
Inpatient Payments — Rehabilitation and Extended Care Hospitals	$ 9,047,757	$ 9,312,341	$ 9,492,030
Percent of Total Hospital Payments — Saskatchewan Residents	2.22	2.12	2.06
Percent increase over Previous Year	(26.27)	2.92	1.93
Outpatient Payments†	$ 52,616,576	$ 60,880,494	$ 60,341,780
Percent of Total Hospital Payments — Saskatchewan Residents	12.90	13.88	13.05
Percent increase over Previous Year	9.76	15.71	(.88)
Recoveries — Third Party Liability	$ 892,240	$ 1,162,782	$ 1,287,624
Percent of Total Hospital Payments — Saskatchewan Residents	.22	.26	.28
Percent increase over Previous Year	5.11	30.32	10.74
Total Hospital Payments — Reciprocal Billings for Non-Saskatchewan Residents	$ (229,479)	$ 274,745	$ (173,715)
Percent of Total Hospital Payments	(.06)	.06	(.04)
Total Administration Payments	$ 4,542,088	$ 4,529,482	$ 4,344,070
Percent of Total Payments	1.10	1.02	.93
Percent increase over Previous Year	17.36	(.28)	(4.09)
Per Capita Cost*	$ 4.54	$ 4.46	$ 4.22

* Based on total covered population as shown in Appendix C-1
† Includes Wascana Hospital which provides outpatient services

Appendix E
Acts Administered by the Plan

The Hospital Revenue Act

This Act is designed to raise revenue for hospitals by providing the legislative authority required to levy a tax in areas of the province presently not contributing toward the support of a hospital. The revenue received annually under this Act is distributed among the hospitals in the province pursuant to the formula established by the regulations made under this Act. For additional information refer to page 18.

The Health Services Act

This Act provides the legislative authority necessary for the payment of hospital construction grants, the establishment of committees, and the appointment of consultants by the Minister of Health. Authority for the establishment of health regions, and the provision of health services through municipal schemes or other associations is also found in this Act.

The Saskatchewan Hospitalization Act

This Act provides the legislative authority required to register residents of the province and to provide payment to hospitals and certain other institutions for services rendered to residents of Saskatchewan. Payment for these services is made from The Saskatchewan Hospitalization Fund which is established under this Act. For additional information refer to page 7.

The Hospital Standards Act

This Act and regulations thereunder provides the legislative authority for the maintenance of minimum patient care standards and the inspection of hospitals. For additional information refer to page 15.

The Union Hospital Act

This Act provides the legislative authority for the municipalities and areas to unite in the establishment of union hospital districts. The Union hospital board of each district is authorized by the Act to construct or otherwise acquire and operate hospitals. Union hospital board activities are financed by the union hospital district. For additional information refer to page 18.

Appendix F
Glossary

Active Treatment Care or Acute Care. See Levels of Care: Level 6.

Adults and Children. All inpatients of hospitals except newborn.

Approved Average Daily Census. (See also average daily census). The average daily census approved by the Plan as reflecting the necessary bed need for a specific hospital. Payments to a hospital for operating purposes are based on this approved average daily census.

Approved Hospital. A hospital approved by the Minister of Health under The Hospital Standards Act.

Average Daily Census. The average number of inpatients during any given period of time. It is calculated by dividing the number of patient days (other than newborn) during the period by the number of calendar days in the period.

Average Days of Stay. The average number of days that inpatients stay in hospital. It is calculated by dividing the number of patient days for separations by the number of separations during a given period.

Base Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a regional hospital and therefore serves as an ultimate referral centre in the province. It also performs a major role in research and education.

Beneficiary. A person who is entitled to the benefits provided by the Plan.

Community Health and Social Centres. Community based facilities that provide a balanced, co-ordinated, preventive and curative health and social program bringing together essential health and social services that communities require on a day to day basis.

Community Clinics. Consumer oriented health organizations operated by an elected board of directors that provide a comprehensive health service, including medical services in one facility.

Covered Population. The total number of persons eligible for benefits.

District or Community Hospital. A general hospital that serves the population of the local area. It provides a smaller range of service than a regional hospital.

Extended (Chronic) Care. See Levels of Care: Level 4.

Federal Hospital. A general hospital owned and operated by the government of Canada and for which part of the operating costs are paid by the Plan.

General Hospital. A hospital which provides facilities for the diagnosis and treatment of a wide range of diseases and disabilities.

Inpatient. A patient who is admitted to a hospital for the purpose of receiving diagnostic or treatment services in the hospital and to whom a bed or bassinet is allocated.

Insured Population. Total number of persons eligible for benefits.

Levels of Care

Level 1 — **Supervisory Care.** This level of care may be provided in a room and board situation for persons who, in addition to full maintenance and laundry service, required some guidance or supervision with activities of daily living. Staff time for care averages 20 minutes per day. Level 1 care is not a benefit under the Plan.

Level 2 — **Personal Care.** Persons requiring this level of care may need supervision and assistance with personal hygiene and grooming. They must be safely ambulant with or without mechanical aids or independent at the wheel chair level, are usually continent and able to feed themselves. Some supervision and direction may be required for behavioral problems. Staff time for care averages 45 minutes per day. Level 2 care is not a benefit under the Plan.

Level 3 — **Basic Nursing Care.** This level of care is usually associated with persons having an advanced physical or mental illness that is reasonably stabilized and which is not expected to deteriorate in the near future. All degrees of supervision and assistance may be needed in the activities of daily living supplemented by basic nursing care. Care at this level is directed by the attending physician and carried out under the supervision of an R.N. or R.P.N. Staff time for care averages 2 hours per day. Level 3 care is not a benefit under the Plan.

Level 4 — **Extended Care.** This level of care does not require acute hospital care and treatment but does require regular and continuous medical attention, highly skilled technical and nursing personnel provided, under appropriate supervision on a 24-hour basis. Level 4 care is not a benefit under the Plan.

Level 5 — **Rehabilitation Care.** This level of care is provided to persons with physical disabilities resulting from injuries, illnesses, or congenital

conditions who require active, aggressive rehabilitation provided by a team of rehabilitation personnel under the direction of or by consultation with a specialist in physical medicine. It is designed to restore or improve functional ability. This level of coverage is an insured benefit under the Plan.

Level 6 — **Acute Care.** This type of care involves 24-hour medical/nursing supervision for diagnosis and treatment and is provided in general hospitals. This type of care is a benefit under the Plan.

Newborn. An infant live born in the hospital, or admitted with the mother who was admitted for maternity service, for the period of its continuous stay in the hospital.

Other Facility. An approved facility other than a general hospital that provides one or more insured services.

Outpatient. A person other than an inpatient who received diagnostic or therapeutic services from a hospital or other facility.

Patient-Day. The period of service to an inpatient between the census-taking hours on two successive days; the day of admission is a patient day, but the day of separation is not a patient day. When the patient is admitted and separated on the same day, one patient day is counted. The statistical tables contain patient days attributable only to those patients who have separated.

Rate of Payment. The amount the Plan pays a hospital for standard ward level care and outpatient services, which the hospital provides to the Plan's beneficiaries (paid in equal semi-monthly instalments).

Rated Bed Capacity. The maximum number of beds which according to the Minister of Health should be set up in the hospital.

Regional Hospital. A general hospital which serves as a district or community hospital for the local population. It provides a wider range of services than a district or community hospital and therefore serves as a referral hospital for persons outside its local area.

Rehabilitation and Extended Care Hospital. A hospital which provides facilities for the treatment, recovery and rehabilitative care of patients disabled by illness or injury, or for the prolonged treatment of patients with chronic or long-term conditions.

Separation. The discharge or death of an inpatient.